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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10751

L	10019	CERTIFICA	AIL OI DEAILI	Reg. 1	Dist. No.
1.	PLACE OF DEATH o. COUNTY allegany	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institutions Resid	ence before admission)
	RURAL and give nectors to for PFD #3	LENGTH OF STAY IN 16	x Cumberl	carporate limits, write RURAL and	d give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give when odd	ress #_3	d. STREET ADDRESS D	3	e. IS RESIDENCE ON A FARM? YES NO D
L	NAME OF DECEASED (Type or print) P661 @	Bertha	Askey DE	ATH OCH	Day Year 1958
L	Female White WIDOWED!		May 15, 1875	lost bishdoy) Months	
	a. USUAL OCCUPATION (Give kind of work dane 10b. Kth during mast of working life, eyen if retired)	Home INDU	Penfield P	ign country) 12. (LITIZEN OF WHAT COUNTRY
13.	Joseph Hillsen		14. MOTVER'S MAIDEN NAME	Harvey	
15 (X	WAS DECRASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	Jone, 17.	Part askey	PFD 3	Cunt Me
	18. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (a), (b), and (c).]	myocard	ites	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which (b)	Eteria	selerons		3 cy war
	gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)				
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
1 CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part 1 o		
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJU While at work	Nat while for	ACE OF INJURY (Home, farm, 20f. ctary, street, affice bldg., etc.)	(City or tawn)	(Caunty) (State)
	21. I certify that I attended the deceased alive on Scriff 19	fram Alana	occurred at 330 AM,	from the causes and on	I last saw the deceased
	ACTUAL P. W. 2 12000	ike w. A	M.D. Curuleu	SS (Street, city or town, state)	DATE SIGNED
	PHYSICIAN'S NAME (Type) N. W. TRE	VASI	175,5R C	ember an	a, md,
22	BURNAL, CREMATION 22b. DATE THEREOF 10/6/5° 8	3com m	or CREMATORY Pork 22d. 1	OCATION (City, town, or county	y Q (State)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	M & DATE DATE	6 58 24b. REGISTRAR'S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aftgr death. Page 4 moy be retoined TO FUNERAL DIRY

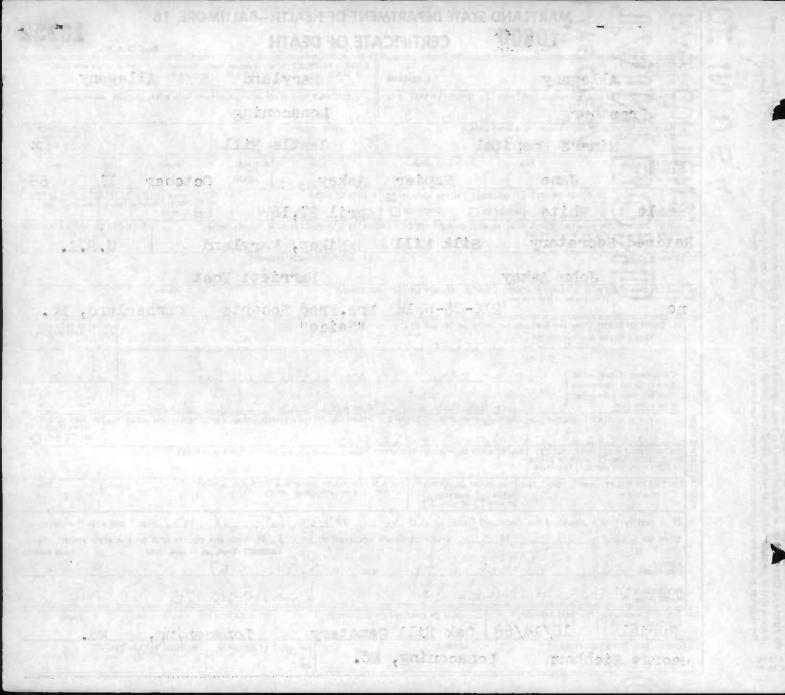
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Water Constitution, and hard				

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10800 CERTIFICATE OF DEATH

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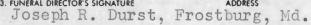
								was nist.	110.	
1. PLACE OF DEATH o. COUNTY	llegany		MARYLA	1			l lived. If institution b. COUNTY			nission)
RURAL and give i	negrest town)	ts, write	c. LENGTH OF STAY IN	16			rate limits, write Rt	JRAL and give	e nearest la	wn)
OR INSTITUTION		-			d. STREET ADDRESS	e Hill	L		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Jane	sl	Middle Napier		losi	4. DATE OF DEATH			Doy	Yeor 19. 58
5. SEX				8. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y		DER 24 HRS.
10a. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sie	te or foreign co	ountry)			
13. FATHER'S NAME				_			2144	Month Doy County Allegan Month Doy County Bir UNDER 1 YEAR I E (In years IF UNDER 1 YEAR I birthdoy) Months Doys 12. CITIZEN OF U.S. Address Cumberlance INTER ONSE ONSE ONSE ONSE ONTE ONT	0.0.1	3.4
D. COUNTY Allegany MARYLAND D. CITY OR TOWN [If outside corporate limit, write RURAL and give increas fown] RURAL only the opin energet form? J. NAME OF INDSTRIAL [If not in hospitol, give increased developed on National Miners Hospital J. NAME OF INSTRIUTION IN INTERNATION INTERNATION IN INTERNATION INTERNATION IN										
			SOCIAL SECURITY NO.	17. INFO				ess		*
			16-05-5918	No	s.Fred F	Robert	s Cui	mberl.	and.	Md.
	ATH WAS CAUSED BY:	1	ne for (o), (b), and (c),]	iti	Neice"				ONSET AN	ID DEATH
	ony, which)	(0	erebral	Ras	cular (leaid	ent.		3 v	nos.
couse (a), stating	the under-	550	sential	A	specteus	uon-C	enteriosal	Decosis	ye	ors
PART II. OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	PELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	EN IN PART 1	PERI	FORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	JRRED. (E	nter noture of injury in	n Port I or Port	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.		While	Not while	e. PLACE foctory	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(Cou	inty)	(State)
1.0	hat 1 attended the	decease	()	eath oc		P.M. from				
ACTUAL	slieR	Mi	les h.	M.D.	4.0.0					DATE SIGNED
PHYSICIAN'S LE	ESLIE R.	MIL	ES JA		Lo	NACO	NING		MI) ,
REMOVAL (Specify							deceased lived. If institution: Residence before admission b. COUNTY Allegary de corporate limits, write RURAL and give nearest town) ing e. IS RESIDING PATE Month Doy Yes ON A FA YES PEATH October 11 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 ON A FA YES PEATH October 12. CITIZEN OF WHAT CO 12. CITIZEN OF WHAT CO Address Cumberland INTERVAL BETWONSET AND DO DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES PERFORM YES PERFORM YES NO I or Part II of item 18.) Of. (City or town) (County) CONTROL CONTROL LOCATION (City, town, or county) (State) LOCATION (City, town, or county) (State)	ole)		
		1			240.08		RAR 246 REGIS	TRAR'S SIGN	ATURE	1 7 7



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4 6							Reg. Dist. No.
director iled with		1. F	PLACE OF DEATH 10759 COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	Residence before admission) ALLEGANY
death.	2	Ł	PLIPAL and nive pearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If our 22 FROSTBI	tside corporate limits, write RUI JRG	RAL and give nearest town)
by the	0		d. NAME OF HOSPITAL (If not in hospitol, give street address OR INSTITUTE MORTAL HOSPITAL	s)	d. STREET APPRESS	COLLEGE AVENU	JE ON A FARM? YES NO
illed in			NAME OF First DECEASED (Type or print) ALLEN	Middle E. B	AKER	4. DATE Month OF DEATH OCTOBE	
d withir oletely f rs. Pag		5. S	6. COLOR OR RACE 7. MARRIED XI	NEVER MARRIED 8	NOV. 16, 190		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
execute and company death.		10o	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STREET SUPT.	OF FROSTBURG		r foreign country) YLAND	12. CITIZEN OF WHAT COUNTR
sicion and re carbon re carbon			FATHER'S NAME PHILLIP BAKER		14. MOTHER'S MAIDEN NA ANNA MIL	LER	
ing physical remave 72 houry		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA 5. no. or uninown) (If yes, give wor or dates of service) 17-0	4 9 4		WARWICK &	"MEMORIAL AVE., ND, MARYLAND
attending pleas			18. CAUSE OF DEATH [Enter anly one couse peg line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a). (b), and (c).]	sculor	Sundert	INTERVAL BETWEEN ONSET AND DEATH
s that the distribution of the the trial. The trial into even			Conditions, if ony, which DUE TO	walse	larten.	relevely	
require ian signecasi nsil perr	H		gove rise to immediate cause (a), stating the under-lying cause lost.	0			
physici physici nas bee rial-tran	0	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
tending ificate I the bu		L CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I ar Part II of item 18.)	
ol or of this cert ruse as emotion		MEDICAL			CE OF INJURY (Home, farm, lory, street, office bldg., etc.)	20f. (City or town)	(County) (State
binospit After After iol, cr			21. I certify that I attended the deceased from		, 19.5°, to O	ct 2 , 1958	that I last saw the decease
ATTEN bythe detack r to bur			ACTUAL A 2 M	and that death		_M, fram the causes an DDRESS (Street, city or town, st	d on the date stated above
TAL OR retoined AL DIRE hould be tror prior	1		PHYSICIAN'S DR. GEORGE SIMONS	, , , , , , , , , , , , , , , , , , ,	Cyrl	whom m	4
may be poge 3 specifier regist		220 B	BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR OHNSON'S C		22d. LOCATION (City, Iown, or Garrett Co	
5 5 0 0 =)	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240REGID	BY REGISTRAR 246. REGIST	RAR'S, SIGNATURE

VS A15 (4) 15M 9/55



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MARYLAND	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE,	18

10814 CERTIFICATE OF DEATH

1. PLACE OF DEATH				2 USUAL RESI	DENCE (Where	deceased liv	ed If institution	n · Residen	ce befor	e odmis	sionl
o. COUNTY	llegany		MARYLAN	o. STATE	1d	deceased in	b. COUNTY				31071)
b. CITY OR TOWN	(If outside carporate lim	its, write	c. LENGTH OF STAY IN 1	b c. CITY OR	TOWN (If oulsi	de carporate	limits, write RU	RAL and	give nea	rest taw	n)
Rural Wes	sternport		5 Mo.	XRural-	-Wester	nport				Day 12 VEAR IF UNDE Doys Hours ZEN OF WHAT S.A. INTERVAL BE ONSET AND ONS	
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, s	give street	address)	d. STREET A	DDRESS					ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Archie	rst	Middle Thomas	Barker	4.	DATE OF DEATH	Mont Oct.	h			Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARR	ED DIVORCED	0 . 1 .		9.	AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Doys		ER 24 HRS. Min.
100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHP	LACE (State or I	oreign coun		12. CIT	IZEN O	F WHAT	COUNTRY?
conductor	rking life, even if retired	" St	reet Railway	W. Va	1.			U.	S.A		
13. FATHER'S NAME	113-11-11-11	377		14. MOTHER'S	MAIDEN NAM	NE .				,	
William	Barker			Fran	ices Ba	rnette					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT			Addr	ess			·
no	(ir yes, give wor or dones or s	ervice)		Hugh Mayr	nard- Li	ike, M	ld.				
200. ACCIDENT W	the <u>under-</u>	o) o) c) iditions <u>c</u>	CONTRIBUTING TO DEATH					'N IN PAR'	7 1(o) 15	PERFC	AUTOPSY DRMED? NO
	MEDICAL EXAMINER)	N	one								
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	or 20d, It White of work	Not while	PLACE OF INJURY (factory, street, office	Home, form, (e bldg., etc.)	20f. (City or	town)	(0	County)		(Stote)
21. I certify ti	hat I attended the	decease	ed fram Oct	10 , 1958	1, to Q	ct 12	1958	that I	last sa	w the	deceased
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Paul R.	2, 19.3 RAD W	Sem, and that de	ath accurred at	10:50 PX	A, from t		nd on th		e state	
220. BURIAL, CREMATIC)F	22c. NAME OF CEMETER	Y OR CREMATORY	220	J. LOCATION	V (City, tawn, o	county)		(Stot	(e)
Burial (Specify	10/15/58	3	Philos			West	ernport			Md	4
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	201	240. REC'D 8			TRAR'S SIC	SNATUR		
01.15	50 a X	,	Westernport,	Md.	DAGCT 1	6 '58	arine	1 8. to	inua		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10760 CERTIFICATE OF DEATH

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ea.	Dist.				

1, PLACE OF DEATH a. COUNTY				2.	USUAL RESIDENCE (W	/here decease			before adm	ission)
All	egany		MARYL	AND	o. STATE Maryl	and	b. COUNTY	All	egany	
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY I	N ib	c. CITY OR TOWN (IF	outside corpo	Month 10/17/58 9. AGE (In years let UNDER 1 YEAR IF UNDER 24 lost birthday) 59 yrs. Months Doys Hours Mountry) 12. CITIZEN OF WHAT COUNTRY SON. Address art. INTERVAL BETWEE ONSET AND DEA SCONSET AND DEA SCONSET AND DEA SCONSET AND DEA CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME YES NO If of item 18.) or town) (County) (Sountry) (Sountry)	wn)		
Cumberl			2 days	X	Cumberlan	d		Address INTERVAL BETWOONSET AND DE. OCCUPIED IN PART 1(0) 19. WAS AUTONET AND DE. Sthat I last saw the decess and an the date stated cown, stote) Stone, Maryland REGISTRAR'S SIGNATURE INTERVAL BETWOONSET AND DE. County) (County) (County) (County) (Stote) Stone, Maryland REGISTRAR'S SIGNATURE		
d. NAME OF HOSPIT	AL (If not in hospital,	give street	oddress)		d. STREET ADDRESS	-				
Sacre	Sacred Heart Hospital				Rt. #3, W	lilliam	s Rd.			
3. NAME OF DECEASED (Type or print)	Fil		Middle		Last	4. DATE OF		1 - 1.10	Day	Yeor
S. SEX		inda	Catherin	le I	ennett	DEATH		1 -11 -0		
5. SEA	6. COLOR OR RACE		HED NEVER MARRIE		TE OF BIRTH 10/19	7 30	9. AGE (In years lost birthday)			
Female	White	WIDOWI	See .		13/1030	1035	59 yrs.	Monnis D	oys nour	Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	NDUSTRY	11. BIRTHPLACE (Stole	e or foreign c	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
Housewife	ang me, even it remed		wn Home		W. Va.	Peter	rehure		. U.S	3.A.
13. FATHER'S NAME			THO THE	14	MOTHER'S MAIDEN		Soure			
Ben	Mullanex				Sarah A	nn Nel	son.			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	MANT	100	Add	ress		
no	it yes, give war or oates or s	arvice)	None		Pt	's ch	art.			
PART I. DEA' 175.0 Conditions, if or	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which)		re for (o), (b), and (c).	ades	is al a	No nik			INTERVAL I	BETWEFN D DEATH
gove rise to in cause (a), stating I lying couse last.	he under-)	ONTRIBUTING TO DEA	THE PLUT NO.	/	7				
TAN TO THE TANK THE T	arter	ine	lunte 14-	east !	neari			EN IN PART 1	PERF	ORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Er	ter nature of injury in	Part I or Part	III of item 18.)			
Hour o.m.	Month, Day, Yes	While at worl	Not while	foctory,	OF INJURY (Home, form street, office bldg., etc	c.)				(Stole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION	Clet 16 Villian	P.	and that of the second	death occ	urred at 3 90	AM, from ADDRESS (SI Land	the causes a reet, city or town,	and an the stote)	date sta	ted above DATE SIGNED
REMOVAL (Specify) Burial	10/19/58	2								
23. FUNERAL DIRECTOR'S)	ADDRESS	nurci						ind
John I Ha		mlan		d		D BY REGIST				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10761 **CERTIFICATE OF DEATH** 10756

				B. COUNTY WIN (If outside corporate limits, write RURAL and give nearest town) MRERIAND ORESS 4. DATE OF				
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W		ion)			
ALLEG	ANY	MARYLAND			cosporate limits, write RURAL and give nearest town) COUNTY ATTECABLY			
b. CITY OR TOWN (II RURAL and give ne	outside corporate limits, write orest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		1 Month	102 CUMBERLAND					
d. NAME OF HOSPITA	AL (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RES	DENCE FARM?		
SACRED H	EART HOSPITAL		817 SHR	WER AVE	YES 🗌	NO [
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	OF				
5. SEX					- Chairle	7.1		
PLACE OF DEATH C. COUNTY AT JOANY C. STATE C.	Months Days Hours	Min						
	N (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT	COUN		
		Own Home	Lovels V	Vast Vincinia				
	C	OWII MONIE			U.S.A.			
IC WAS DECEASED EVE		- MANAGEMENT						
(Yes, no, or unknown)	If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17. I	NFORMANI	Ad	dress			
No		Nhne Ed	ward Brookma	in, Cumberlan	d, Maryland			
gove rise to in couse (o), stoting t lying couse lost.	ny, which nmediate (b) DUE TO (c)	1 0			V			
8	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GI	PERFO	RMED?		
OR CONTRIBUTING	S UNDERLYING 1 206 DES 1 CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	While	Not while for	ACE OF INJURY (Home, form ctory, street, affice bldg., etc	1, 20f. (City or town)	(County)	(Sto		
	21. I certify that I attended the deceased from 19/950 / 0 - 2/ 10 5/1/21 I last and the							
21. I certify the	at I attended the deceas	seut it otti						
	11 71	1						
	11 71	1	accurred at 2.15	LM, from the causes	and on the date state	d ab		
alive an	11 71	1	accurred at 2.15	LM, from the causes	and on the date state	d ab		
alive an	11 71	1	accurred at 2.15	LM, from the causes	and on the date state	d ab		
actual signature	10 -21, 19.	50, and that death	accurred at 5,45	M, from the causes ADDRESS (Street, city or 100)	and on the date state of state) DA Leaver local (Market)	d ab		
actual signature Physician's NAME (Type)	J. T. Johnson	Jewen MD. 16 Gr	M.D. 16916 eene Street,	DM, from the causes ADDRESS (Street, city System) Cumberland,	and on the date state of state) DA Lective No-Allie Md.	d about significant significan		
actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	J. T. Johnson	MD. 16 Gr	M.D. 16918 eene Street,	M, from the causes ADDRESS (Street, city organ Cumberland, 22d. LOCATION (City, town,	and on the date state of state) DA DA DA DA DA DA DA DA DA D	d ab		
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 120. BURIAL, CREMATION REMOVAL (Specify)	J. T. Johnson 10/24/58	MD. 16 Gr	M.D. 16916 eene Street, R CREMATORY rial Park	ADDRESS (Street, city of the Courses of Country of Coun	and on the date state of state) DA DA DA DA DA DA DA DA DA D	d ab		



VS A15 (4) 15M 10/57

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	ALC: 11 to be required by the second of the
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4 hours after death. Page 4	ed in hy the full director	1 and 2 should be filed with	
th certificate be executed within	Ilih ylatalomoo boo ooibisydo ooib	ose remove carbon papers. Pages	in 72 hayrs ofter leath.
IAN: The law requires that the dec	ending physician.	the burial-transit permit. Then ple	, or removal, and in any event with
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4	may be retained by the haspital or ottending physician.	page 3 should be detoched for use os the burial-transit permit. Then please remove eachon papers. Pages 1 and 2 should be filed with	the registror prior to buriol, cremotion, or removal, and in any event within 72 hayes ofter Leath.

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4	F	oe o	1
4	5	9	
	After this certificate has been signed by the attending physician and completely filled in by the fu	ed for use os the burial-transit permit. Then pleose remove eachon papers. Pages 1 and 2 should be file	
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1076

2	CERTIFICATE	OF	DEATH

		1	A	カス	17
Reg.	Dist.	No:	T/	35	

1. PLACE OF DEATH a. COUNTY		MARYLAND	o. STATE	CE (Where deceased livery)	b. COUNTY	Allega		sian)
b. CITY OR TOW RURAL and giv	le gany N (Il outside carporate limits, wri re nearest tawn)	c. LENGTH OF STAY IN 16		N (If outside corporate	limits, write R			n)
d. NAME OF HO OR INSTITUTION	rland SPITAL (If not in hospitot, give str ON Sacred Heart		d. STREET ADDR	intstone			ON A	SIDENCE A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	th C	Эсу	Year
(Type or print)	Therv		Coxffman	OF DEATH	Oct	t. 28		1958
S. SEX	wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9.	AGE (In years last birthdoy) 66 yrs.	Manths Days	+	ER 24 HRS. Min.
10a. USUAL OCCUP	ATION (Give kind of wark dane 1	0b. KIND OF BUSINESS OR INDU		(State or fareign coun		12. CITIZEN	OF WHAT	T COUNTRY?
	warking life, even if retired) OM Worker	B. & O.	14. MOTHER'S MA	Va.		U.S.	A	
15. WAS DECEASED		16. SOCIAL SECURITY NO. 17. I	INFORMANT	en Mc Donal	Adde	ress		
(Yes, no. or unknown)	(If yes, give war or dates of service)	A-734876	Pt. 's Cha	a ret.				
	DEATH [Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		4 /	Une			TERVAL BE	
416X		congestive to	1	,0000			3-2	-
	if any, which) (b)	shlumti t	rent				246	u
gove rise to	ing the under DUE TO							
lying cause lo								
PART II. OR CONTRIBUTI UF EITHER, NOT	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	ETERMINAL DISEASE C	ONDITION GIV	EN IN PART 1(o)	PERFO	AUTOPSY DRMED?
	WAS UNDERLYING 20b. ING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of inj	ury in Port I ar Part II	af item 1B.)			
20c. TIME OF IN Hour a. p.	m. WI	d. INJURY OCCURRED 20e. PL sile Not while fa work at wark	ACE OF INJURY (Hom- ictory, street, affice bld	e, form, 20f. (City or g., etc.)	tawn)	(County	')	(State)
21. I certify	that I attended the dece	eased from 2-4-	, 19 56, to	0 10-28-	19 57	that I last :	saw the	deceased
alive an		and that death	accurred at 7	M, fram t				
	4 16			ADDRESS (Stree				ATE SIGNED
ACTUAL SIGNATURE	1 mig		M.D	account	·		10-1	9-18
PHYSICIAN'S NAME (Type)	Dr. L.Brings			57Greene	Street_			
22a. BURIAL, CREMA REMOVAL Spec		22c. NAME OF CEMETERY C			N (City, town, o	or county) 10, Mar	(Sta	
23. FUNERAL DIRECT		ADDRESS Ma.		TE OCT 31 '58	R 24b. REGIS	STRAR'S SIGNATI	URE	
			DA	IE OUT O				

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SELVE STORES				
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificals, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Found to Funeral DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard Arrificallity or its designated agent, prior to buriol, cremation, or removal, and is any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist	1	()	1	5	8	
Kea.	LPIST.	NO.					

1. PLACE OF DEATH					2. USUAL RESID	ENCE (Whe	re deceas	ed lived. If instit	ution: Resid	lanca bef	ore odm	ission)
o. COUNTY	11.000		MARYL	AND	o. STATE	rvlar	d	b. COUNT		logo	1312	
b. CITY OR TOWN (If and give nearest town)	llegany outside corporate limits, write t	TURAL	c. LENGTH OF STAY II	N 1b				porote limits, write	RURAL on	Lega id give n	eorest to	wn)
Cumb	erland		10/16/58		OZ- Cu	mberl	and					
d. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hosp	itat, give street address)	d. STREET AD						e. IS R	ESIDENCE A FARM?
Sacred H	leart Hospi	tal_			117	Hanc	ver	Street			YES [NO
3. NAME OF DECEASED	First		Middle		Lost		DATE	Mont	h	Doy	,	leor
(Type or print)	Mary	Cai	herine	Coll	ins		DEATH	October	21		1	9 58
5. SEX	6. COLOR OR RACE 7	- MARRIEI	NEVER MARRIED	B. 1	DATE OF BIRTH			9. AGE (In years tost birthday)	IF UNDE	-		ER 24 HRS.
Female	White	WIDOWED	DIVORCED [J Ja	n. 18.	1865		93 yrı.	Months	Days	Hours	Min.
	N (Give kind of work do	ne 10b. Ki	ND OF BUSINESS OR II	NOUSTRY	11. BIRTHPLAC	E (Stote or	foreign c	ountry)	12. CII	IZEN O	TAHW	COUNTRY?
Retire	d	Co	mpanion					aryland		USA		
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN NAM	ME					
Denn	is Col	lins			Cather	ine (Coll	ins				
15. WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16. S	OCIAL SECURITY NO.	17. INF	ORMANT			117 Addres	lover	Str	ant	
No	(ii yai, gira noi oi oolat oi ta			Mrs	. Agnes	McHu	igh	Cumberl				n d
18. CAUSE OF DEAT	H [Enter only one couse	per line fo	or (o), (b), and (c),]					Odmoet	anu	INTER	VAL BETW	EEN
PART I. DEAT	H WAS CAUSED BY:		rdiac fail	lure						ONSE	24 1	ars.
1 900.0	IMMEDIATE CAUSE (o)											
Conditions, if a	1111	T	ulmonary e	adem	a						24	hrs.
gove rise to immed	iote couse		dimonally c	caem					-		- A	144.00
(a), stating the u	nderlying		hnonia mu	0000	ditio	aanan	10 2217	disease				
	FR SIGNIFICANT CONDI		chronic my					The Party of the P		RT 1(a) 19	PAW 9	AUTOPSY
PART II, OTH 200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.			f right fe									NO NO
70g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS Y 20b.		HOW INJURY OCCURE			ry in Port I o	or Port II	of item 18.)				
		Fell	ob seek	wn s	tairs							
20c. TIME OF INJUR		20d. IN	JURY OCCURRED 20	e. PLACE	OF INJURY (Hory, street, office b	me, form,	20f. (City	or town)	(Co	ounly)		(Stote)
3.500° w	Oct. 16,191	9 Sopwor	k of work	non			umb	erland	A11	egan	y	Md
21. I certify th	at I took charge	of the re	emains described	obov	e, held an A	utopsy [, li	nspection [, Inqui	гу 🗍	, an	d in my
opinion death	resulted from: No	atural c	ouses . Accid	ent X	, Suicide	, Ho	micide	, Undete	ermined	manne	r 🔲	
/	2	- /-	111	. /	,						DATE	SIGNED
SIGNATURE	renedic	11	kitareli	ich	M.D. CHIEF MED	DICAL EXAM	AINER [DAIL .	
EXAMINER'S					ASSISTANT	MEDICAL	EXAMINE	R 🔲				
MAME /Type)	nedict Ski	tare	lic M.D.		DEPUTY M	EDICAL EXA	MINER [J Oct	ober	21,	193	58
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF		22c. NAME OF CEMETER					TION (City, town,			(Stot	e)
Burial 23. FUNERAL DIRECTOR	10/24/5	8	Sts Peter	E F	Paul Cen	netery	Cu	mberland	l, Ma	ryla	nd_	
	fer, Cumbe	rlan	d, Marylan	d							E	
	,					DAUCT 2	4 00	Chil	hung S. 9	wans		

. 14-15 Brook only with the first DOUGHER CHOICE TO SEE THE SEE

VS A1S (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10764

CERTIFICATE OF DEATH

10759

	Reg. Dis	t. No.
PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	e before admission)
Allegany MARYLAND		gany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	02	ive neorest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	Cumberland d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION 245 N. Mechanic Street	245 N. Mechanic Street	ON A FARM? YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) HOWARD M.		21st 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	uly 7, 1894 61, yrs.	Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind af work done during most af working life, even if retired)	USTRY 11. 8IRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
Electrician Balt. Elect. Co	Elk Garden W.Va.	S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-U-A-
William Condry	Mollie Hershberger	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes, give wor or dates of service)]	INFORMANT 245 Addres Nech	. St.
	Mr. Mildred Condry Cumberland,	Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest		Few minutes
4 0 · / DUE TO		Tew militudes
Condition if any state Community	Occlusion	Few Minutes
gove rise to immediate (5001451011	Lew Littures
couse (o), storing the under-	Arteriosclerotic Heart Disease	Vooms
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		Years
		PERFORMED?
Patient had a previous myocardial inf	RED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO P
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING CAUSE OF DEATH OF CHITTER NOTIFY MEDICAL EXAMINER;	co. (chier noture of injury in roll i or roll ii of item 18.)	
	PLACE OF INITIAL HOME SAME TOOL ICL	
Hour o. m. While Not while	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Coactory, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased from January	23rd, 1958 , to October 21st 19 58 , that I le	ast saw the deceased
alive an June 13th, 1958, and that deat	h occurred at 1:45 am, from the causes and on th	e date stated above
	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Wond A Worker for	M.D. Algonquin Hotel,	9/24/57
A	- The second sec	
PHYSICIAN'S Wyand F. Doerner, Jr., M.D.	Cumberland, Maryland,	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(Stote)
REMOVAL (Specify)	's Cemetery Frostburg, Marylan	
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
ohn J Hafor Cumberland Maryland	DAYS OCT 2 4 '58 Quilling &	1

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			Market State	C. Langt . n and

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ofter certificate HOSPITAL 15M 9/55

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THE WANTED AND SECTION			MINISTER AND A STREET OF THE STREET				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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PLACE OF DEATH a. COUNTY MARYLAND

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL Cumberland

LENORA

c. LENGTH OF STAY IN 16 Life

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) O L Cumberland

d. STREET ADDRESS 512 Hill Street

e. IS RESIDENCE ON A FARM?, YES NO 1

512	HILL	Sti	ree
NAME OF			116

Middle First EDMONDSON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 4. DATE OF DEATH

Unknown

October

Уеог 1958

5. SEX Female

(Type or print)

Negro WIDOWED |

DIVORCED IN

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)

9. AGE (In years Months

IF UNDER TYEAR IF UNDER 24 HRS. Hours

during most of working life, even if retired) Housewife

Own home

Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

ONSET AND DEATH

Hr.

Days

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Address

Frederick Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) None

Norwood Edmondson

Cumberland, Md.

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Coronary Occlusion

DUE TO Conditions, if eny, which

Coronary Sclerosis DUE TO

gave rise to immediate cause (a), stating the underlying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO

200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.

p. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour o. m.

Month, Day, Year Not while of work at wark

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, office bldg., etc.)

(County)

(State)

DATE SIGNED

(Stole)

21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection IX. opinion death resulted from: Natural causes [7]. Accident [7],

Suicide , Hamicide , Undetermined manner

ACTUAL SIGNATURE A

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

NAME (Type)

Benedict Skitarelic, M.D. 220. BURIAL CREMATION, 226. DATE THEREOF

Woodlawn Cemetery

22d. LOCATION (City, town, or county)

Cumberland. Md.

23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight

REMOVAL (Specify)

ADDRESS Cumberland, Md. 24o. REC'D BY REGISTRAR DATE OCT 2 9 '58

24b. REGISTRAR'S SIGNATURE

Caining & Know

Oct. 26, 1958

VS. A15ME 5M 2/57



18501	ATE DEPAREMENT DE HEALTH-LALTIMELE, EXAMINER'S CEPTIFICATE OF DEATH		177
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	was play to the same of the properties.		
	and A Committee of the		
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	DESCRIPTION OF SECTION ASSESSMENT OF SECTION		
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S. Table			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 10767 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) STATE MARYLAND o. COUNTY b. COUNTY MARYLAND ALLEGANY ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) CUMBERLAND 2 HRS. 25 MINS. CUMBERLAND d. NAME OF HOSPITAL (If not in hosping d. STREET ADDRESS a. IS RESIDENCE ON A FARM? NEW HAMPSHIRE AVE MEMORIAL HOSPITAL- MEMORIAL AVE. YES NO NAME OF 4. DATE Middle Month Day Yeor DECEASED OF DEATH OCTOBER 21 (Type or print) 19 **GUY** FAULKNER IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys Min. Hours WHITE WIDOWED T DIVORCED M SEPTEMBER MALE yrs. 100 USUAL OCCUBATION (Give kind of work done 10b. KIND OF SUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IDAH MILLER FAULKNER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address MEMORIAL HOSPITAL CUMBERLAND. MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronar Occlusion DUE TO Coroanry Heart Disease years Conditions, if any, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 56 ta 10 - 21 . 1958 that I last saw the deceased 21. I certify that I attended the deceased from ____, and that death occurred at 10:55PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL

220. BURIAL CREMATION.

REMOVAL (Spec

Greene St.

10-22-58

PHYSICIAN'S NAME (Type

DR. RALPH BALLIN

Cumberland, Md.

22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Onther & Kraus

10

DIREC pe prior should

m

HOSPITAL

Page

death certificate be

attending

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death.

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2 MIS. 25 WILLS, COMPERCARD CHARLEM WEARING WEARING . . . CHARLES , COLL AND THE PROPERTY OF STREET and the second state of th a liberal depresentation of the MILLIAN HOLAS DE TRUTH THE RESIDENCE TO SELECT A PROPERTY OF

	400	00	OEK III 10	TIE OI DEF	****		Reg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY	T.T.EC-ANY		MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where decease	ed lived. If institution b. COUNTY	ATTECAN	fare admiss	ion)
b. CITY OR TOWN (III RURAL and give ne	outside corporate limit arest town)	s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN		prote limits, write R	URAL ond give n	learest lowr	1)
	RTAND AL (If not in hospital, gi	ve street ado	dress)	d. STREET ADDRE	SS			e. IS RES	FARM
SACRE	D HEART H	OSPITA	<u>I. </u>	P.O. BOX	75			YES _	NO [
I. NAME OF DECEASED (Type or print)	Firs		Middle	GRACIE	4. DATE OF DEATH	OCT OB ER	th 7		Year 19 58
S. SEX		7. MARRIED	DI NEVER MARRIED DIVORCED	8. DATE OF BIRTH	.1889	9. AGE (In years lost birthday)	Months Doys	-	Min
0a. USUAL OCCUPATIO during most of work		one 10b. KIN	nd of Business or Indu red Heart	STRY 11. BIRTHPLACE		ountry)	12. CITIZEN	OF WHAT	COUN
3. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME		0		
Jo	hn Dockma	n		Unl	cnown				
Conditions, if or gove rise to in couse (o), stating the lying couse lost. Part II. OTH 200. ACCIDENT WA	nmediote DUE TO the under- ter SIGNIFICANT CONE	CAN DITIONS CON	ATRIBUTING TO DEATH BUT				OI	19. WAS PERFO	AUTOP:
20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the alive an	19	While of work	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg 1957 to occurred at 8	Orphi NBM, fran	19 3		saw the	
NAME (Typ) 120. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 220-0ATE THEREON		2c. NAME OF CEMETERY OF Eckhart Cer			TION (City, town, o	or county)	(Stote Md	
23. FUNERAL DIRECTOR'S Joseph R	- TO	Fros	address tburg, Md.		REC'D BY REGIST		TRAR'S SIGNAT		•

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often most be retained by the hospital or attending physician.

May be retained by the hospital or attending physician by the attending physician and completely filled in by the Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit and in any event within 72 hour ofter death. may be retained by

I director, filed with

1

deoth. Page 4

VS A15 (4) 15M 10/57

TO THE WILLIAM AND THE OF CENTIFICATION OF DEATH

VS A1S (4) 1SM 10/S7

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62

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10769

CERTIFICATE OF DEATH

10764

o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marvlar		d. If instituti		efore admiss	ion)
b. CITY OR TOWN (If outside carporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		limits, write R	RURAL and give r	nearest town	1
RURAL and give nearest town) Cumberland	17 Days	100					-
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS				e. IS RES	DENICE
Sacred Heart Hospital		/				ON A	FARM?
•		311 Central	Avenue			YES	NO I
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mor	oth	Day	feor
(Type or print) Henry		[amilton]	DEATH	10	-18-	1	1958
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years at birthday)	IF UNDER 1 YEA		
Male Negro WIDOW		8-2-02		56 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country	1)	12. CITIZEN	OF WHAT	COUNTR
C - 1	berty Taven F	Rest South Car	arifor	C	3 7 TT C	- A	
13. FATHER'S NAME	wer by Tavell 1	14. MOTHER'S MAIDEN N	IAME	Green	VIII	- mar	
Henry Hamilton							
	SOCIAL SECURITY NO. 1741	NFORMANT	?	444			
Yes, no, or unknown If yes, give wor or dates of service	Mr	s, Httie Han	nilton	Add	Cumb	erlan	d, M
no		Wife 315 Cer	tral Av	enue.			
1B. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	00	allanda	- 4		TERVAL BE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Donn 4	myras	-00,000	20	27	1	
260 X DUE TO	2-10		7_		1	1-1	
Conditions if any which \) It	m. D.	1	. Cr	~ 1	1-2-	~ /.
gove rise to immediate	A Comment	former	111	h	- 1		-
lying couse lost.	Comban	Center	lot.	1200	-	11-	
/ (C)	ONITRIBILITING TO DEATH BUT	NOT DELATED TO THE TERM	0. 04	5/	1		
OF TANK W. OTHER SIGNATIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COM	NDITION GIV	EN IN PART (a)	PERFO	RMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	RIBE HOW INJURY OCCURRE). (Enter nature of injury in F	art I or Port II af	item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	CE OF INJURY (Home, form,	20f. (City or to	uwa)	(County		(Stote)
20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 While of work	Not while for at work	tory, street, office bldg., etc.)		(Coom)	71	(Siole)
21. I certify that I attended the decease	od from	105 / 10	1011	F10 (Tabas I land	41	1
alive on 10/17 19 (occurred atto: 201		L., 17.2.6	2, that I last	saw the	decease
Control of the contro	-,-, and mar deam		L'.M., from the ADDRESS (Street, a				
ACTUAL DO . KI	11/1	H 2 8	LIA O O	elly or lown	profe)	DA	TE SIGN
SIGNATURE 3 M	will.	M.D	in all	in	nup	114	111
PHYSICIAN'S NAME (Type) B. M. Schindler	M.D. 43 Gro	ene-St-Cumb	anland	Mossan	land.	-1	
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	CREMATORY	22d. LOCATION	City Journ	r country		
REMOVAL (Specify)					a county)	(Stote	1
3. FUNERAL DIRECTOR'S SIGNATURE	Woodlawn Cem	U	Cumber		Maryla		
		01	BY REGISTRAR CT 2 1 '58		rthun & TO		
John J. Hafer Cumberlar	Land Manuel by	DATE	A! T . 20	- Ca	100mm	THE PARTY OF	

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VS A15 (4) 15M 10/57

N

CERTIFICATE OF DEATH

10765

							-		
1. PLACE OF DEATH a. COUNTY	Allegany	MARYL		2. USUAL RESIDENCE (W o. STATE Maryla		lived. If institution b. COUNTY			nission)
b. CITY OR TOWN (RURAL and give n				c. CITY OR TOWN (IF		ate limits, write f	URAL and giv	ve neorest to	own)
d NAME OF HOSPI	Cumberland [AL (If not in hospital, give	5yrs.9mos.	14da.	d. STREET ADDRESS	land				
OR INSTITUTION		etreat		1203 Lex	ington	Avenue		10	RESIDENCE N A FARM?
3. NAME OF	First	Middle		Last	4. DATE	Mor	ith	Day	Yeor
(Type or print)	Mar		lie.	Harper	OF DEATH		ober	12	19 58
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS.
Female	White "	VIDOWED DIVORCED		Feb. 16, 18	882	76 yrs.	Months D	oys Hau	rs Min.
during most of war	king life, even if refired)	ne 10b. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	ar fareign co	untry)	12. CITIZ		AT COUNTRY
	ewife			Marylan				U.S.	A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
	F. Karl Hel				Barbar	a Hart			
(Yes, no. of wiknown)	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi	S? 16. SOCIAL SECURITY NO.	mr.	o. Berthe	Hick	y Pil	tsking	J.	a
Conditions, if a gove rise to i couse (a), stating lying couse lost. PART II. OTI 200. ACCIDENTING OR CONTRIBUTING	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which mmediate the under- HER SIGNIFICANT CONDITION OF THE CONDITION OF THE CAUSED BY: IMMEDIATE CAUSE (a) DUE TO HER SIGNIFICANT CONDITION OF THE CAUSED BY: IMMEDIATE CAUSE (a) DUE TO HER SIGNIFICANT CONDITION OF THE CAUSED BY: IMMEDIATE CAUSE (a) DUE TO HER SIGNIFICANT CONDITION OF THE CAUSED BY: IMMEDIATE CAUSED BY: IMMEDIATE CAUSED BY: IMMEDIATE CAUSED BY: IMMEDIATE CAUSE (a) DUE TO HER SIGNIFICANT CONDITION OF THE CAUSED BY: IMMEDIATE BY: IMMED	THE DESCRIBE HOW, NIJURY OF	401	hoses			CO W	ONSET AI	BETWEEN ND DEATH ND D
Y 20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	20e. PLAC factor	E OF INJURY (Home, formally, street, affice bldg., etc.)	m, 20f. (City	or town)	(Co	unty)	(State)
actual signature PHYSICIAN'S NAME (Type)	James E. Mc.	Lean, M.D.	CL_M.	49 Green	ADDRESS (Str	the causes ceet, city or town,	ond on the stote)	date ste	ne deceosed ated above DATE SIGNEE 2/13/3

	The state of the s			Trot	
TERM 200 200 200 200 200 200 200 200 200 20					
		ductions, Notice			
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	v (c)				
				DESCRIPTION OF THE PARTY OF THE	
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				A ROLL SHOW	
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10771 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Allegany	r	MARYLAND	o. STATE	Mary]	ere deceased live	ed. If institution b. COUNTY		before odmi	1
RURAL and give ne	autside carporote limits, warest town)	c. LENGTH	OF STAY IN 16	c. CITY OR 1	OWN (If ou	utside corporate erland	limits, write RI		0	
OP INSTITUTION	AL (If not in hospital, give s'	•	ıfirmar	d. STREET A		N. Lee	Stree	t	ON	A FARM?
3. NAME OF DECEASED (Type or print)	First Franci		Middle atrick	Hec	-	4. DATE OF DEATH	Octob		L6,	Yeor 1958
5. SEX Male	6. COLOR OR RACE 7. WILL	MARRIED NEV	DIVORCED	8/25/1	872	9. /	GE (In years ost birthday) yrs.	Months D	YEAR IF UNI	-
Retired =	N (Give kind af work done ng life, even if retired) Coal Mini	ng Mi	isiness or indus		tria	AME		τ	J. S.	A .
15. WAS DECEASED EVER	Sebastian H IN U. S. ARMED FORCES? f you give wor or dotes of service)	16. SOCIAL SEC	. 7	NFORMANT P.	O. I	Box 59	rosa E 9 Addi FIRMAR	· · Cumb	perla	nd,Md
1 1	mediote (See Time for (8), (8)	Leera	e The	rej	rios Afri	cler	bris	INTERVAL I	
PART II. OTH OR CONTRIBUTING OR CONTRIBUTING U[IF EITHER, NOTIFY]	ER SIGNIFICANT CONDITION	l De	FERTE	rrati	このス			EN IN PART I		ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Year 2	nod. INJURY OCCU	IRRED 20e. PLA	ACE OF INJURY (I	Home, form,	20f. (City or	lown)		unty)	(Stote)
21. I certify the alive an 10 actual signature PHYSICIAN'S NAME (Type)	Jacees		3/19/50 nd that death League	Mo. 49	7:45P Gree	O/16/5 M, fram the ADDRESS (Street one St. and, N	city or town,	nd an the	date sta	ted abave. DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Oct. 20,195	8 Kalb	of CEMETERY OF			22d. LOCATION E1k Gar	den, W	. Va.		ote)
23. FUNERAL DIRECTOR'S Charles L.		mberland			240. REC'D	BY REGISTRAR		trar's sign		

	THE OF DEATH		
		in the same of the	
DE CONTRACT	30.402 301 , 1045	nade Entirence	
15, 50	national man desire	Mainure a	
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	Alviton		ndr Cook - hyeke
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	white and an earl of \$5,000 to law use		Silver of the second of the se
10/17/5	. di patro di Co		
	. bu bearedard	Legge .	Canut Jes Purel

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certific to, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the State Broad of the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for the Top FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, crematian, ar removal, and in any givent within 72 haurs offer death. M

VS. A15ME SM 2/57

MARYLAND ST.	ATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	1
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

10767 Pen Dist No

	10010						Reg. Dist. 11	
I. PLACE OF DEATH	10000	ALC: HISTORY		SUAL RESIDENCE (\	Where deceased	lived. If instituti	ion: Residence b	efare admission)
	Allegany	MA	RYLAND		yland	D. COO!411	Alleg	any
b. CITY OR TOWN and give negress to	(It autside corporate limits, write RUI	C. LENGTH OF STA	Y IN 1b c.	CITY OR TOWN (I	f outside carpo	rate limits, write l	RURAL and give	nearest town)
Route 1	Mt. Savage	20 Year	Si XF	Route 1	Mt.	Savage		
	ITAL OR INSTITUTION (IF no			STREET ADDRESS	,	ou vage		e. IS RESIDENCE ON A FARM?
			//					YES NO
3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	Day	Year
(Type or print)	Albe	rt Denve	r	Hook	DEATH	Octobe	r 12th	1958
5. SEX		MARRIED NEVER MARR	IED 8. DATE	OF BIRTH	9	. AGE (In years	IF UNDER TYEAR	FUNDER 24 HRS.
Male	White w	DOWED DIVORCE	Marc	ch 21st,	1912	last birthday +6 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done	106. KIND OF BUSINESS C	R INDUSTRY 11.				12. CITIZEN C	OF WHAT COUNTRY?
Brickla	king life, even if retired)	H.Kuhn,Con	tractor	Pennsyl	vania		US	Α
13. FATHER'S NAME				OTHER'S MAIDEN				
Olen :	Hook		I	Daisy No	rris			
15. WAS DECEASED I	VER IN U. S. ARMED FORCE		D. 17. INFORM	ANT		Address		
W.W. 2	(If yes, give war er dates of servi-		2 Mrs.E	Edna M.	Hook,	Rt.1,M	t. Sav	age, Md.
18. CAUSE OF DE	ATH [Enter only one cause p	per line far (a), (b), and (c).	,	. 1	0		INT	ERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Duthach.	21100	Hem	whole	0 90	3	5 miss
971.X	DUE TO	2 Carried Ca	- war			7		
Canditians, if	K*.k V	4	1 11-					
gave rise to imm	rediate cause	xunsus	e wo	and				
(a), slating the								
	7 (c)	ONE CONTRIBUTING TO DE	THE PLUT NIGHT BEI	ATEN TO THE TERM	INTAL DICTACE	COMPLETION CIVE	N. W. CART V	10 11/10 11/1000
PART II. O	THER SIGNIFICANT CONDITI		STH BOT NOT KEE	ATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART I(0)	PERFORMED?
20g. EXTERNAL C PRIMARY DO OF C CAUSE OF DEATI	AUSE WAS 20b. E	DESCRIBE HOW INJURY OCC	URRED. (Enter not	ture of injury in Par	t I or Part II o	Eltern 18.)		
CAUSE OF DEAT	1.	Sell - 4	ufly !	ted				
3 20c. TIME OF INJ	URY Month, Day, Year	20d. INJURY OCCURRED	206. PLACE OF I	NJURY (Home, form	n. 120f. (City e	or town)	(County)	(State)
20c. TIME OF INJ	: 10/12 1958	While Not while	factory, sire	et, affice bldg., etc	.)	ellvill	0 1776	egany. Md
	that I took charge at		ad abaya b	ald an Auton			000	70.0
							Inquiry 2	
opinian deal	h resulted fram: Nat	tural causes, Acc	ident [],	Suicide M,	Hamicide	, Undeter	mined mann	er 📙
ACTUAL /	2 1 2	01 - 1						DATE SIGNED
SIGNATURE	renedictx	Spetarelie	M.D.	CHIEF MEDICAL E	XAMINER [DATE STOTICE
EXAMINER'S				ASSISTANT MEDIC	AL EXAMINER	DMY	- ,	2-2
NAME (Type)	Benedict Sk	itarelic		DEPUTY MEDICAL	EXAMINER 🔯	wes.	12,19	158
	ION. 226. DATE THEREOF	22c. NAME OF CEM	TERY OR CREMA	TORY	22d. LOCATI	ON (City, lown, or	county)	(State)
REMOVAL (Special Burial	" 10-15-58	Methodi	st Ceme	etery	Mt.	Savage		Md.
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		The state of the s	D BY REGISTR		TRAR'S SIGNATU	
Joseph :	R. Durst.	Frostburg,	Md.	DATECT	1 5 '58	0.71	wa & H	
		and and Pd	4 7 200 0	- CAUS !		- Com	MIT A TLANTS	A

HIARD ROSE ADDRESS CONTRACTOR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE,	18
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10801 CERTIFICATE OF DEATH

10768

o. COUNTY AL	LEGANY		MARY		a. STATE MARYL		b. COUNTY		LEGAN	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG C. LENGTH OF STAY IN 1b RURAL and give nearest town)		IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. SAVAGE							
	TAL (If not in hospital, g		oddress)		d STREET ADDRESS	Yndb			(S RESIDENCE ON A FARM? ES NO M
3. NAME OF DECEASED (Type or print)	ELIZA	st	Middle ROBER	rs	Lost HUFF	4. DATE OF DEATH	Mon OCTOBE		Doy 28	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARI	ELED NEVER MARRIE		EPT. 13, 1	879	9. AGE (In years last birthday) 79 yrs.	-		UNDER 24 HRS ours Min.
Oa. USUAL OCCUPATI	ON (Give kind af work of king life, even if retired SEWIFE	done 10b.	OWN HOM		ARTEMAS,			12. CIT	USA	VHAT COUNTR
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME				
	JOHN L. BE				MAIZY P	ERDEW				
S. WAS DECEASED EVI [Yes, no. or unknown]	ER IN U. S. ARMED FOR (If yes, give war or dates of s		NONE		RMANT S. GLENNA	SHAFF	ER, MT.		GE, M	D.
Conditions, if a gave rise to i couse (o), sloting lying cause lost.	the under-)	CONTRIBUTING TO DE	TH BUT NO	T RELATED TO THE TERMI	ae d	eistru	A IN DARY	6	day
5 49 X			ON THE DOWN OF DEP	DOTAG	T REDATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PARI	P	ERFORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	inter noture of injury in f	Part 1 or Part	Il of item 18.)			
Hour o.m.	RY Month, Day, Yeo	While of wor	terms terms	foctory	OF INJURY (Home, form, street, office bldg., etc.	.)			ounty)	(Stale)
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Hilda Jan	-, 12-	lters, M.	death ac	48 Broads	M, fram	r 29,958 the causes a reet, city or town, Frostbu	ind an th		stated abov
BUNGAA Specify	10/31/5		Mt. Savage		rematory odist Cem.	Mt.S	ion (City, town, o avage, A	or county)	any,	(Stote) Maryla
JOHN J. H.	'S SIGNATURE AFER, CUMB	ERLA	ADDRESS ND, MARYLA	ND	240. REC'S	BY REGIST		Thun 8.		

	OF REAL PROMPTED 18	BY JEROMETIAN - STATE OF STRANGED OF HIS STATE ON A TYPE ME							
	ATARON CERTIFICATE OF DEATH								
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		TOWN ASSESSED.	10/11/0I						
		,		ALL SEAL					

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	2011	10						Reg. D	st. No.		
1. PLACE OF DEATH o. COUNTY	LLEGANY		MARY	LAND	2. USUAL RESIDENCE (WHO OF STATES VIR	GINIA	lived. If institution b. COUNTY		RDY	admissi	ion) ·
b. CITY OR TOWN (RURAL and give of CUMBERLA		ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF o		ote limits, write RI	JRAL ond	give near	est town) /
d. NAME OF HOSPI	TAL (If not in haspitol, of AL HOSPITAL		address)		d. STREET ADDRESS				•	ON A	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir MA	"RY	ETTA	ŀ	HUFFMAN	4. DATE OF DEATH	OCT	OBER	Doy 29		19 58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIE		OCTOBER 7,		9. AGE (In years last birthdoy) 92 yrs.	Months	Days Days	Hours	R 24 HRS. Min,
during most of wor	ON (Give kind af work king life, even if retired		KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (S1010 WEST VIR	GINIA	ountry)	12. CI	U.S.		COUNTRY
LEVI SN	YDER				LIZA FRYE						
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	. 17. II	MEMORIAL HOSP	K & MEI	MORIAL AND CUMBERL	YENUE AND,	MD.		
Conditions, if a gove rise to couse (a), stoting lying couse lost. Part II. OT Part II. OT	the under DUE TO	DIDITIONS C	ent oct		the vasual			draut EN IN PAR	oc	. WAS /	25,19
200. ACCIDENT WE OF CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m.	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye		NJURY OCCURRED Not while	20e. PL/	D. (Enter nature of injury in lands) ACE OF INJURY (Hame, form tory, street, office bldg., etc.)	, 20f. (City		(County)		(Stote)
21. 1 certify to alive on	hat I attended the 2 8 DR. WYLIE	125		death	occurred at 12:25/	M, fram	the causes a reet, city or town,	nd an t		e state	
220. BURIAL CREMATIC	Oct 31.	195	23c. NAME OF CEMI	etery of	Cemetery	22d. LOCAT	ON (City, town o	7		(State	1/2).
23. FUNERAL DIRECTOR	Turcerd Hen	a)	ADDRESS A Mode	liel	DATE NO	D BY RECHST	. /	Lun 2.			
By Ea	E RUTTER	uch	1								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove arrived pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hour after death.

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VS A15 (4) 1SM 9/SS

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		alt out w. (CS)	SI-			
					W 358	American Appropriate
						A PRODUCTION

FOR STATE HEALTH DEPT.

61

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certific is, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered at the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board A. Health, at its designated agent, priar to burial, cremation, ar removal, and in any even within 2 hours after death.

VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

-										-		
	PLACE OF DEATH	100	U 1.5			2. USUAL RESIDENCE (V	Vhere deceas	ed lived. If institu	tian: Resident	e befo	ore adm	ission)
		llegany		MARYL	AND	o. STATE Maryl	land	b. COUNT	All	ega	ny	
	ond give negrest town	pulside corporate limits, write	RURAL	c. LENGTH OF STAY IN	Jolb	c. CITY OR TOWN (IF	outside carp	porate limits, write	RURAL and g	ive ne	arest to	wn) V
	Section 1	ostburg		2	6	22 Frost	burg					
-	. NAME OF HOSPITA	AL OR INSTITUTION (f not in hos	pitol, give street address)		d. STREET ADDRESS						A FARM?
	Miner	's Hospit	al			Beall S	tree	t extd.				NO [X
	NAME OF DECEASED	Fire	1	Middle		Lost	4. DATE	Montl	1	Day	1	Yeor
	(Type or print)	Deni		William		Hughes	DEATH	Octobe:	r 29	th,	1	19 58
5. :	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years fost birthday)	IF UNDER 19			-
	Male	White	WIDOWE	D DIVORCED) F	'eb. lst,1	.957] yrs.	Months De	оув	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of wark og life, even if retired)	lane 10b. K	CIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	ar foreign c	ountry)	12. CITIZE	N OF	WHAT	COUNTRY
	None	g me, even in tented;		None		Marvlan	nd		T	SA		
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME			15/22		
	George	Hughes				Lois He	SS					
		ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO			Address				
		(ii yes, gris noi oi oones oi			Mrs	.Geo.Hugh	es.Be	eall St	.,exto	3	नाम	bM. ac
	Conditions, if a gave rise to immed (a), stating the cause lost.	fiate cause underlying DUE TO (c)	37	re proce	cee	US MIDI	nng	1/13		フ	no	rs
CERTIFICATION				ONTRIBUTING TO DEATH	5.5				EN IN PART I			AUTOPSY ORMED?
CERTI	20g. EXTERNAL CAU PRIMARY ☐ gr CON CAUSE OF DEATH.	SE WAS STRIBUTING []	b. DESCRIBI	E HOW INJURY OCCURR	ED. (Enle	r nature of injury in Port	l ar Port II	of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	19	While at wa	Not while of work	factory	OF INJURY (Home, farm, street, affice bldg., etc.)		or tawn)	(Count	γ}		(Stote)
	actual signature L EXAMINER'S NAME (Type)	resulted from: N	Vatural of	remains described causes A, Accide	ent 🔲		domicide	ים פי	Inquiry rmined mo			d in my
220	BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEMETER		EMATORY	22d. LOCAT	ION (City, town,	or county)		(Stot	•}
	Burial	11-1-58		F'bg.Memo	oria			stburg			Mo	1.
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240. REC'U	BY REGIST	RAR 24b. REGI	TRAB'S SIGN	ATURI	ELAS.	
	Joseph R	. Durst.	Fro	stburg, Mo	7.	DATE	10V 3	00				

HTASO TO STADENTRES TRANSPORTED OF DESIGN

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may be retained by the hospital or attending physician.

O FUNERAL DIREC R: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be transhed for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 sho the registror priar to burial, crematian, or removal, and in any event within 72 hours ofter death.

TO FUNERAL DIREC

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10773 CEDTIEICATE OF DEATH

20,00	CERTIFICA	AIE OF DEATH		Reg. Dist. No	D.
1. PLACE OF DEATH o. COUNTY AT.T. EGANY	MARYLAND	2. USUAL RESIDENCE (Who g. STATE MARYLAND	ere deceased lived. If instit b. COUN		
RURAL and give nearest fown) CUMBELLAND	30 MIN.	c. CITY OR TOWN (IF or CUMBER	utside carporate limits, write	RURAL and give ne	carest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION SACRED HEART HOSPITAL	ddress)	d. STREET ADDRESS 503 F	URNACE ST.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SARA S	lizabeth J	OHNSON	4. DATE NO OF DEATH OCTO		Pay Year 19 58
5. SEX 6. COLOR OR RACE 7. MARRIE WHITE WIDOWED	DIVORCED	8. DATE OF BIRTH AUG. 11, 18		Months Doys	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWIFE	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole of		12. CITIZEN	S. A
13. FATHER'S NAME Runner		14. MOTHER'S MAIDEN N	C. Sor	rels:	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SI	OCIAL SECURITY NO. 17. 11	PATIENTS CH	ART	ddress	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (0), (b), and (c).]	manhage			TERVAL BETWEEN USET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO (b) DUE TO	& y perturnie	and ail	invertent.		6-8715
PART II. OTHER SIGNIFICANT CONDITIONS CO				SIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)		
Hour a.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County	(Stote)
21. I certify that I attended the deceased alive an 10 2	and that death	accurred at 11:50		s and on the do	DATE SIGNE
220. BURIAL, CREMATION, 22b. DATE THEREOF	225. MAME OF CEMETERY OF		22d. LOCATION (City, lower		Slote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	14- 8) 240. REC'E	6 750	GISTRAR'S SIGNATU	JRE

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VS A15 (4) 15M 10/57

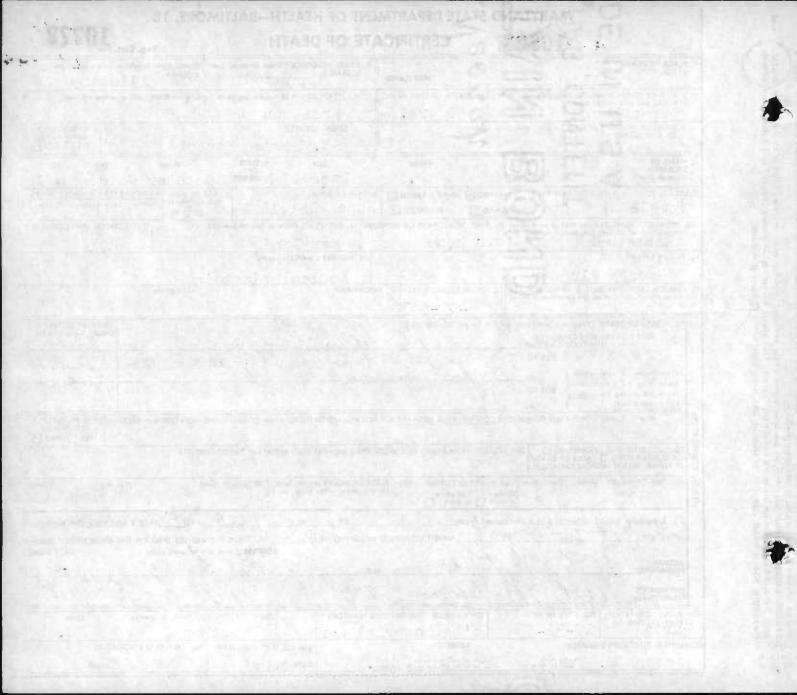
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10803

CERTIFICATE OF DEATH

						Neg. Dist. 14	U.
1. PLACE OF DEATH o. COUNTY	llegany	MARYLAND		ryland	d lived. If instituti b. COUNTY		
b. CITY OR TOWN (IF or RURAL and give neon Frostbu		c. LENGTH OF STAY IN 16	h	WN (If outside corporations that gives the corporation of the corporat	orate limits, write R	URAL ond give no	earest town)
d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospital, give street	address)	d. STREET ADD	Vernon	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Louise	, Middle P.	Last Lace	4. DATE OF DEATH	Mon		Doy Yeor 19 58
5. SEX Female	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH June 21:	st,1877	9. AGE (In years lost birthdoy) yrs.		R IF UNDER 24 HRS.
10a. USUAL OCCUPATION during most of workin HOUSEWOI		kind of Business or Indu		E (Stote or foreign o	auntry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MA				
George	Plummer		Louis	se Brims	tein		
15. WAS DECEASED EVER 1 (Yes. no. or unknown) (If	yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
Conditions, if ony gove rise to improve the cause (o), storing the lying couse lost.	mediate DUE TO (c)	ypertens	H Hem	epleg-	ea	6	sendial years
CATI	R SIGNIFICANT CONDITIONS					'EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH I	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of in	jury in Port I or Por	t II of item 18.)		
20c. TIME OF INJURY Hour a.m. p. m.	Manth, Doy, Year 20d. II While of wor	Not while fo	ACE OF INJURY (Hon actory, street, office bl	ne, form, 20f. (City dg., etc.)	or town)	(County	(Stote)
21. I certify that alive an	attended the deceas			10 PM, from ADDRESS (S		ind an the do	saw the deceased ate stated above DATE SIGNEL
PHYSICIAN'S NAME (Type)	wome	fane,	mo	Lud.	19/	90	11958
220. BURIAL, CREMATION, BUILD (Specify)	22b. DATE THEREOF 10-31-58	F bg . Memor			stburg		(Stote) Md.
23. FUNERAL DIRECTOR'S	GIGNATURE	ADDRESS		a. REC'D BY REGIST	7	STRAR'S SIGNATU	
Joseph R.	Durst. H	rostburg. M.	d. lo	ATE OCT 31	58 0	Thun 8 th	-11.0



10773

(Stote)

1077	E CERTIFIC	AIE OF DEATH	Reg. Dis	st. No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who D. STATE Mary land	ere deceased lived. If institution: Resident b. COUNTY A11	ce before odmission)
b. CITY OR TOWN (If outside carporate limits, v	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL and g	give nearest town)
RURAL and give nearest town) Cumber Land	Lifetime	Cumberland	,Md. 02	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION ITO9 Virginia Ave.	street address)	d. STREET ADDRESS	ginia Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle	last T and a	4. DATE Month OF DEATH OCT. 8	Day Year
Fari		B. DATE OF BIRTH	0000	19 58
3.6	MARRIED NEVER MARRIED TOWNED DIVORCED		1 1 1 1 1 1	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar foreign country) 12. CIT	IZEN OF WHAT COUNTRY
Janitor	Silk Mill	Cumberl	land, Mary land	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Phillip Long		Mary C. V	Vestbrook	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no. or unknown) (If yes, give wor or dotes of service		INFORMANT	Address	
WarI	214-05-9271	Joseph F. Lo	ong Cumberland,	Md.
18. CAUSE OF DEATH [Enter only one cause			,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carona	ery T	humlosis	ONSET AND DEATH
420.1 DUE TO	.5	1		
Canditians, if any, which)	Musherter	whom		18 mos
gave rise to immediate	100			
lying cause last.	(little	noselor	osis	5-yr
-	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO D
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II af item 18.)	
Haur a.m.	20d. INJURY OCCURRED 20e. PI While Nat while fo of work of wark	ACE OF INJURY IHame, farm, etcory, street, affice bldg., etc.)	20f. (City or tawn) (C	County) (State)
21. I certify that I attended the de	ceased from Mar.	1058 to CO	×. 8, 195 Sthat 11	ast sow the decease
		occurred at IO: P	_M, from the causes and on th	no data stated -
	2	45	ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE Clay 6	. Jure	Mo. 2361	a. Cesz. Comber	mel 10/9.
PHYSICIAN'S NAME (Type) Clav F. Durre	ett 236 Virgi	nia Ave. Cur	mberland.Md.	

page 3 should be de may be retained b VS A15 (4) 15M 10/57

rol directar, e filed with

the offending physician and campletely filled

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death. Page

within 24 hours after

requires that the death certificate be

220. BURIAL, CREMATION.
REMOVAL (Specify)
BUT 12 1

226. DATE THEREOF

IO/II/58

23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cumberland, Md.

22c. NAME OF CEMETERY OR CREMATORY

Davis Memorial Cem.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

22d. LOCATION (City, town, or county)
Cumberland, Md.

A. Parkago	TO STATE DEPARTMENT OF HEALTH—BARTMORE, I	e le		
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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nece execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of a should be formalled to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. I

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	10776					Reg. Dist.	AT CLE OF D
PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY	Alle	
b. CITY OR TOWN III and give nearest town Cumber1		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			URAL and giv	re neorest town)
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM2
Sacred	Heart Hosp.		Bowling G	reene			YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	C	Poy Year
(Type or print)	William		ddocks	DEATH	Octobe	r 29	1958
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH		d briefhelmin		AR IF UNDER 24 HRS.
Male	White wipo	WED DIVORCED	April 2, 1889	- 1 -1	1 20 1	Months Day	s Haurs Min.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work done 10 g life, even if retired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or fareign countr	y)	12. CITIZEN	OF WHAT COUNTRY?
	re proprietor	Barber supply	Davis, W.	Va.		U.	S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				14 11
	ldocks		Unknown				
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IF	FORMANT		Address		
No		Jai	nes A. Aviret	t. Cuml	berland.	Md.	
	TH [Enter only one cause per l	ine far (a), (b), and (c).)					NTERVAL BETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Occlu	sion				2 hrs.
420.1	DUE TO						
Canditions, if o	ny, which) (b)	Coronary Scler	osis				
gave rise to immed (a), stating the	liote cause						
cause last.	(c)						
PART II. OTH	IER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	UDITION GIVEN	N IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
	ISE WAS NTRIBUTING [] 20b. DESC	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part	f or Part II of ite	im 18.)		
20c. TIME OF INJUI Hour e. m. p. m.	v	Od. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or to	iwn)	(Caunty)	(Stole)
		e remains described abo	ve. held on Autonsy	Inspe	ction DO	Inquiry	, and in my
		ol cause D. Accident		Iomicide	-		
opinian deani	-	, recident	J, Joicide L,	tomicide [Ondereni	nined mar	iner 🔲
ACTUAL /	Sandet.	Ab tardia	CHIEF MEDICAL EX	AMINER []			DATE SIGNED
SIGNATURE	renewics X	granew	M.D. CHIEF MEDICAL EX				
EXAMINER'S NAME (Type) B	enedict Skitar	elic. M.D.	DEPUTY MEDICAL E		Octobe	r 20	1058
	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION			(Stote)
REMOVAL (Specify) Burial	Oct.31.1958	Davis Cemete			W. Va		(3101e)
23. FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR	24b. REGISTR		TURE
Charles	L. George Cur	mberland, Md.		3.1.158	0.11		

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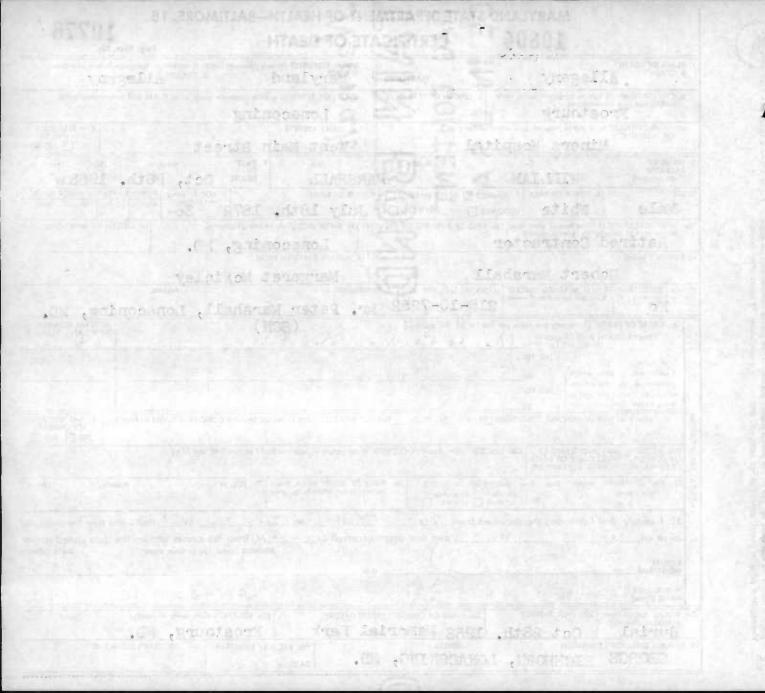
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10804 CERTIFICATE OF DEATH

2.0	00%			0. 0	•		Reg. Dist.	No.	-
1. PLACE OF DEATH o. COUNTY Allegany		MARYLA		Maryland		lived. If institut b. COUNT	ion: Residence	before admis	ision)
b. CITY OR TOWN (If outside corporate RURAL and give nearest fown)	limits, write c	LENGTH OF STAY IN	1 1b c	CITY OR TOWN (IF		ote limits, write	RURAL ond give	e nearest tow	m)
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION MINERS			1	West Mai	in str	eet		ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) WILL	First TAM	Middle	MAR	lost SHALL	4. DATE OF DEATH	Oct.		Day 1958	Year
		NEVER MARRIED DIVORCED	□ 8. DA	TE OF BIRTH		9. AGE (In years lost birthday) 86rs	Months D		DER 24 HRS.
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re Retired Contr	ired)	ND OF BUSINESS OR I		Lonace	ning,		12. CITIZI	EN OF WHA	T COUNTRY
13. FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
Robert M			17. INFOR	Margare	et Mek		dress		
(Yes. no. or unknown) (If yes, give war or date NO 18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED IMMEDIATE CAUSE IMMEDIATE CAUSE	e couse per line	5-10-725			_		nacon	INTERVAL 8	MD. BETWEEN D DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last.	(b) Cert	ene dio	501						
PART II. OTHER SIGNIFICANT (PART III. OTHER SIGNIFICANT (OR CONTRIBUTING OR CONTRIBUTI		NTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION G	VEN IN PART 1	PERF	ORMED?
	ATH ER) 206. DESCRI	BE HOW INJURY OCC	URRED. (En	ter nature of injury in	Port 1 or Port	II of item 18.)			
20c. TIME OF INJURY Month, Day, Hour o.m. p.m.	Year 20d, INJU While of work [Not while		F INJURY (Home, form street, office bldg., etc		or town)	(Cou	unty)	(Stote)
21. I certify that I attended	the deceased	from More	. 24	, 1955, to C	过. 2	6, 195	8, that I la	st saw the	decease
alive on Cest 25	, 195	8 , and that d	leath acc	urred at 20		the causes			ted abave
ACTUAL SIGNATURE SESSEES	R.Mi	lest.	M.D.						27.5
NAME (Type)	P. MIL	2 21/			701	VACOI	VING		140
220. BURIAL, CREMATION, REMOVAL (Specify) Burial Oct		22c. NAME OF CEMETE				tourg		(Sto	ite)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	100		D BY REGISTR	RAR 24b. REG	ISTRAR'S SIGN	ATURE	
GEORGE ETCHHO	DRN. LC	NACON ING	, MD.	DATE -					



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PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page minimus to Office along with form PM3. Page 5 may be retained for filles. Poly and A District Tork Public Medical Examiner's Office along with form PM3. Page 5 may be retained for filles.	ST	ATE DEPT
r. Page files.	1	M
director for		60
delay is e funera retained	death.	
If any 3 to the may be	urs ofter	
2, and Page 5	in 72 ho	
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hin 24 h 3. Give mith form	n ony ev	
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CAL EX	d agent	
the certi	designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	
Pind bind	0	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10777

Reg. Dist. No.

1		LACE OF DEATH				2. USUAL RESIDENCE (Where decea			nce bef	ore admi	issian)
1			Allegany		MARYLAND	o. STATE	vland	b. COUNT		egai	nv	
	ь	ond give negrest town)	outside corporale limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		porate limits, write				wn)
		Cumberlan		uf 1 - 4	minutes ospital, give street address)		berla	nd			1	
1	,	. NAME OF HOSPITA	L OK INSTITUTION (i ngi in h	nospital, give street address}	d. STREET ADDRESS					ON	A FARM?
	_	Memorial	Hospital			Route	2 1	d Hancock	Roa	d	YE\$	NO NO
		NAME OF DECEASED	Fire	sP .	Middle	Last	4. DATE	Month	1	Day	Y	ear
		Type or print)	Wallac	е	Haines	McGill Sr.	DEATH	Oct.	2	8	1	958
	5. 5	Ex	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years fost birthday)	IF UNDER	TYEAR	-	ER 24 HRS.
		Male	White	WIDOW		Sept. 6. 18		63 yrs.	Months	Days	Hours	Min.
	10a	. USUAL OCCUPATIO luring most of working	N (Give kind of work life, even if retired)	dane 10b	, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar fareign	country)	12. CITI	ZEN OF	WHAT	COUNTRY?
1,		uilder		S	elf Employed	Elkins.	West	Virginia .	U	SA		
	13.	FATHER'S NAME			1	14. MOTHER'S MAIDEN	NAME					
	E	dward	G. McGill	120		Elizabeth	Hain	95				
	15.	WAS DECEASED EVE	R IN U. S. ARMED FO			IFORMANT		Vocked	riva		-, 4	
	10		(1.) (1.) (1.)		214-05-6725	Wallace McG.	ill,	Cumberla		Md.		
	SY		H [Enter only one cou	se per lin	ne Far (a), (b), and (c).]			Cumper L	illu-	INTER	VAL BETWE	
		PART I. DEAT	WAS CAUSED BY:		Coronary Oc	clusion				1	Sud	
		420.1	MMEDIATE CAUSE (o)		GOL CHALLY OC	CIUSIOII			-	-	Suu	7911
		Conditions, if an	DUE TO		Coronary Sc.	lenosis				17		
		gave rise to immedi	ate cause		Coronary Sc.	191.0212				-		
		(a), stating the u										
	7		J (c)		CONTRIBUTING TO BEATH BUT A	OT BELATED TO THE YEAR						
7	10 O	PARI II, OTHI	EK 3101411-JCAI41 COI4	DITIONS	CONTRIBUTING TO DEATH BUT N	OI KELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PARI	-	PERFO	RMED?
	2	A 5445A								Y	ES 🗌	NO X
	CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	TRIBUTING	b. DESCR	HBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	t i ar Part II	l of item 18.}				
	MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Yes			CE OF INJURY (Home, form	n, 20f. (Cit	y or tawn)	(Cou	nty)		(State)
	MEE	Hour o.m. p.m.	19	Wh at a	nile Not while Tacte	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"					
		21. I certify the	ot I taok charge	af the	remains described obo	ve, held an Autops	у 🔲 . І	nspection KK	Inquir	XX.	an	d in my
		opinion death r	esulted from: 1	Vaturol	causes Accident	, Suicide ,	Homicide	, Undete	rmined n	nonne	гП	
		/	7 .	,	Vii							
ī		ACTUAL SIGNATURE	enedics	1	kitarelia)	M D CHIEF MEDICAL E	XAMINER [DATE S	IGNED
2						ASSISTANT MEDIC	AL EXAMINI	ER 🗍				
		NAME (Type) Be	nedict S	kita	arelic, M.D.	DEPUTY MEDICAL	EXAMINER [X Oct.	28,	19	58	
	220	BURIAL, CREMATION	1, 22b. DATE THEREC)F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(State	•)
		urial		1958				erland,				
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		D BY REGIS		TRAR'S SIG		_	
	J	ohn J. Ha	fer, Cumbe	erla	nd, Maryland	DATEUC	T 3 0 '5	o an	hun S.	Thous	4	

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,
10816	CERTIFICATE	OF	DEATH

10778

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	.legany		MARYL		2. USUAL RESIDENCE (o. STATE Mary		l lived. If instituti b. COUNTY		e before admission	on)
b. CITY OR TOWN (IF	outside carporate limi	ts, write c.	LENGTH OF STAY II	ч 16	c. CITY OR TOWN (If outside corpo		URAL and g	ive nearest town)	
d. NAME OF HOSPITA OR INSTITUTION	West Ma		•		d. STREET ADDRESS	Main	Street		e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Urban	st	Middle F	1	McKenzie	4. DATE OF DEATH	Octob		20	eor 9 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	Separat .	Date of Birth Dctober 2	9,1881	9. AGE (In years lost birthday) yrs.		1 YEAR IF UNDER Days Hours	Min.
10a. USUAL OCCUPATIOn during most of work Retire	N (Give kind of work ing life, even if retired Coal M	iner	ND OF BUSINESS OR	INDUST	AVIL to				U.S.A.	COUNTRY?
13. FATHER'S NAME		7- 1-1			14. MOTHER'S MAIDE					
	Elias Me				Rebe	cca Ga	rlitz			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.		ORMANT		Add	ress		
no				Wa	alter McK	enzie	Lonac	conin	g, Md.	
		O N	Levos	di	al w	Jane	ton		ONSET AND	
couse (o), stoting t lying couse last.	he under- DUE TO		nona	ry	Certan	1 Di	seare		year	S
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19. WAS A PERFOR YES	MED?
	CAUSE OF DEATH	20b. DESCRII	BE HOW INJURY OC	CURRED.	(Enter noture of injury	in Port I or Port	II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While at work	_ Not while		E OF INJURY (Home, for ry, street, office bldg.,		or lown)	(C	ounty)	(Stole)
21. I certify the alive an	at I attended the	deceased , 19 5	3	and the same	, 19 5 7, ta (accurred at 10:15 b. MAIN	PM, from	36, 1958 the causes of reet, city or town,	and an th	e date state	deceased d abave. TE SIGNED
PHYSICIAN'S LE	SLIE F	R. M	ILES J	R.	70	NAC	ONINO	5	M	D,
220. BURIAL, CREMATION REMOVAL (Specify) BULLIAL	11/3/5		2c. NAME OF CEMET				TON (City, town, aconing	- "	(Stote	
23. FUNERAL DIRECTOR'S	SIGNATURE	4	ADDRESS		24g. RI	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIG		
George I	Eichhorn	Lor	aconing.	Mo	DATE	NOV 5	58 C	Ming S.	Fraus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 6 FilmG235 10-24-58 et CERTIFICATE OF DEATH

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. countlegany MARYLAND Maryland llegany b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumber Land Cumberland 54vrs. d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 208 Mary St. 208 Mary YES NO M 3. NAME OF First 4. DATE Middle Month Yeor DECEASED (Type or print) Bella 1058 TO-McKinley DEATH Warie IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) Months Days WIDOWED DE DIVORCED | I882 76 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Borden Mines. USA Md . Ownhome Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bella Marie Thomas John C. Hager 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Geo. McKinley 208 Mary St. None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) wit DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while of work at work det. 13. 1958 to det. 17. 1958 that I last saw the deceased 21. I certify that I attended the deceased fram... , and that death accurred at 3:05PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Durrett 236 Virginia Ave. Cumberland, Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Hillcrest Burial Park Cumberland, Md. 10-20-58 23. FUNERAL DIRECTOR'S SIGNATURE James F. Scar 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scarpelli Cumberland, Md. DATE OCT 2 1 '58 arthur & Kraus

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VS A15 (4) 1SM 10/57

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		TOTAL DESCRIPTION

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10779 **CERTIFICATE OF DEATH**

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arest tawn)			N 1b	c. CITY OR TOW	'N (If autsid	e corpora	te limits, write R		011111	tawn)
14141		AND	,		ESS	ley	Road		1 0	RESIDENCE ON A FARM?
First WAL	TER	Middle Eston		Last MF11.0N		DATE OF	Mor		Day 2	Year 1958
		A		ATE OF BIRTH		9.	AGE (In years last birthday) 51 yrs.	Months		JNDER 24 HRS.
ng life, even if retired)			INDUSTRY	11. BIRTHPLACE	(State ar fo	RYLAN				HAT COUNTRY
MELLON				AUGU	STA D	AWSON	١			
		OCIAL SECURITY NO.	17. INFO	RMANT			Add	ress		
			ME	MORIAL H	OSPIT	AL	CUME	BERLA	ND, MD	
DUE TO y, which (b)_ mediate	0		stem	rer 1-	Ailo	re	· 40	Live	02	Known
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	b. DESCR									
Month, Day, Year	While	Not while	PLACE factory.	OF INJURY (Hame, street, office bld	e, farm, 20 g., elc.)	of. (City o	r town)		(County)	(Stote)
	eceased Je Si		death oc	19 <u>58</u> , to curred at 3	:20PM	, fram	the causes o	and on I		
R. XXXXXXXXX C	• BRI	NSFIELD	M.O.	Cur	Jan	lone	me			
R. XXXXXX C		NSFIELD 22c. NAME OF CEMET Mount Zio					N (City, town, Short G:			(Stote)
	AL (If nat in hospital, Given And Andrews Andr	AL (If not in hospital give by CK HOSPITAL—MEMORIA First WALTER 6. COLOR OR RACE WHITE N (Give kind of work dane ng life, even if retired) IN U. S. ARMED FORCES? IN U. S. ARMED FORCES? If yes, give wor or dates of services H WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO (b) ER SIGNIFICANT CONDITIONS CO SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Year 20d. INJ While of work at I attended the deceased	autside corporate limits, write arest lawn) 34 DAYS AL (If not in hospital Give Stree address ND HOSPITAL—MEMORIAL AVE. First MALTER 6. COLOR OR RACE WHITE WIDOWED DIVORCED N (Give kind of work dane) In U. S. ARMED FORCES? In U. S. ARMED FORCES? In U. S. ARMED FORCES? In WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) CAUSE OF DEATH MEDICAL EXAMINER) MOnth, Day, Year 20d. INJURY OCCURRED While Not which 19 of work 10 OF STAY II 34 DAYS AND AVE AVE AND MELLON IN U. S. ARMED FORCES? IN U. S. ARMED	autside corporate limits, write autside corporate limits, write autside corporate limits, write autside corporate limits, write 34 DAYS AL (If not in hospital, givstyle) oddress WARWICK AND HOSPITAL—MEMORIAL AVE. First Middle WALTER B. Stote 6. COLOR OR RACE WHITE WIDOWED DIVORCED JU N (Give kind of work dane no gife, even if refired) B. & O. RWY. MELLON IN U. S. ARMED FORCES? If yes, give wor or dates of services H (Enter anly one couse per line for (o), (b), and (c).] H WAS CAUSED BY. WHITE DUE TO CAUSE OF DEATH MEDICAL EXAMINER) AND 20b. DESCRIBE HOW INJURY OCCURRED While Of work o	autside corporate limits, write autside limits, write autside corporate limits, write autside limits autside	autaide corporate limits, write autaide corporate limits, write are limits, write and limits, write and limits, write are limits, write and limits, write are limits, write and limits, write and limits, write are limits, write and limits, write an	autide corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autiside corporative train) 34 DAYS AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) AL (If not in hospital, give start of stay in 1b c. CITY OR TOWN (If autiside corporative train) B. CUMBERLAND AL (If not in hospital, give start of	MARYLAND MARYLAND MARYLAND MARYLAND C. CITY OR TOWN (If outside corporate limits, write R 24 DAYS) LL (If not in hospital, give, whe oddread) LL (If not in hospital, give, whe oddread) MARYLAND ASTREET ADDRESS ROUTE I Valley Road First Middle WALTER STOT MELLON MELLON MARYLAND ASTREET ADDRESS ROUTE I Valley Road MELLON MEMORIAL HOSPITAL CUME MEMORIAL HOSPITAL CUME MEMORIAL HOSPITAL MEMORIAL HOSPITAL CUME MEMORIAL HOSPITAL MELLON MEMORIAL HOSPITAL	MARYLAND C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write prest fown) 34 DAYS DAYS C. CITY OR TOWN (If outside corporate limits, write RURAL and CONTY ALLE COUNTY ALLE CO	ALLEGANY ALLEGAND ALLEGA

and year about a 1 life from process of the P. S. The partitioning a post rest and The second state of the se The state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10780

CERTIFICATE OF DEATH

10781 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W		ion: Residence before admission)
a. COUNTY	llegany	MARYLAND	a. STATE Maryl	and b. COUNTY	Allegany
b. CITY OR TOWN	(If outside corporate limits, write ecorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write I	RURAL and give nearest town)
Cumber	land	52 yrs	Cumbe:	rland	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	t address)	d. STREET ADDRESS		e. IS RESIDENCE
	ion Street		45 Mari	on Street	ON A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Day Year
(Type or print)	Lourenza	Albert	Meritt	OF DEATH Octobe	r 10 19 58
5. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White widow		Dec 4,1883	last birthdoy) 74 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
F) - A A 7	construction	worker	West Vi	rginia	U.S.
13. FATHER'S NAME	7,10 11 40 01 011	0.4 10.04	14. MOTHER'S MAIDEN	Carried and a second	
John	T. Meritt			Ann Huffman	
		SOCIAL SECURITY NO. 17.	INFORMANT		Bress
(Yes, no, or unknown)		215-20-6468 _M			
			rs. Stella I	Kelly Cumbe	rland, Maryland
	ATH [Enter only one couse per I ATH WAS CAUSED BY:	tor (o), (b), and (c).]	60	,	INTERVAL BETWEEN ONSEA AND DEATH
TAKI (. DE	IMMEDIATE CAUSE (0)	oronas	exchrow	bosis	bullo
4.20.1	DUE TO	7 . 1	01		
Conditions, if		4 perteur	we letter	o Bllavatic	vadedin.
gave rise to cause (a), stoting		7/			
lying couse lost.					
Z ART II. OT		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY
E STORE	True 5 hil	en post	it bar	h 12 10	17/58 PERFORMED?
20a. ACCIDENT W	AS UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Part 1 or Port II of item 18.)	11/28 18 18
JART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY	AS UNDERLYING 20b. DES				
	RY Month, Day, Year 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	n. 20f. (City or town)	(County) (State)
Hour a. n.	While	Not while	octory, street, office bldg., etc	:)	(County) (Sidile)
₹ p. m.	" or wo	ork of work	5 ===	10 . 1	
21. I certify t	hat I attended the decea		1958, to	10CT, 19195	Sthat I last saw the decease
alive on	10-8-12	and that deat	h occurred at 9:30	GM, from the causes	and on the date stated above
	0 0 10	1 ,		ADDRESS (Street, city or town,	
SIGNATURE	D. W. W.	elliano	M.D. V cerue	beland,	mr. 10-2-5
DALIVE LOLI A A LITE					
PHYSICIAN'S NAME (Type)					
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify	10/13/58	Hillcrest	Runial Dani-		Maryland
23. FUNERAL DIRECTOR	1 - 7 - 0 / 0 0	ADDRESS		D BY REGISTRAR 246. REGI	STRAR'S SIGNATURE
	Silcox Cumbe				
	CIICOX Cambe	or raile maryr	and DATACT	1 4 '58 Chil	hur S. Kraus

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FOR STATE HEALTH DEPT. necessary, please of director. Page of for files. M TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessal execute the certificative, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral directly 4 should be four ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTION: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No

	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	-						-	
1. PLACE OF DEATH	10.00			2. USUAL RESIDENCE	(Where dece	ased lived. If instit	utian: Residence	e befare a	idmission)
	Allega		MARYLAND	o. STATE Ma	rylar	1d b. COUNT	Alle	egan	У
b. CITY OR TOWN (III and give negres) town	t outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN			RURAL and gi	ive neares	I town)
Cumbei	rland		50 Years	02	Cumbe	erland			
d. NAME OF HOSPIT	AL OR INSTITUTION (f nat in has	spital, give street address)	d. STREET ADDRESS					S RESIDENCE
738	Maryland	Ave		738 M	aryla	nd Ave			D NOV
3. NAME OF DECEASED	Fire	if.	Middle	Last	4. DATE	Mont	h	Day	Yeor
(Type or print)	Leon		Agnes	Messick		October	8		1958
5. SEX	6. COLOR OR RACE	7. MARRI		DATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
Female	White	WIDOWE	D DIVORCED	lay21 1887		71 yrs.	Months Da	rys Hou	Min.
10o. USUAL OCCUPATION	ON (Give kind of work on life, even if retired)	iane 10b. I	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	te or foreign	country)	12. CITIZE	N OF WH	AT COUNTRY?
House		Hou	se Wife	Chaneysv	ille	Pa	USA	1	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
R	Robert Smi	th		Hester	Renne	tt			
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
No			None Ja	mes E. Me	ssick	Cumber	back	712	
18. CAUSE OF DEA	TH [Enter only one cou	se per line						INTERVAL BE	TWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	0	oronary,	occlus	ion			C-0	dolar
420.1	DUE TO	4			ı				
Conditions, if a	ny, which) (b)	C	oronary	Scleros	w				
gave rise to immed (a), stating the	diote cause								
cause fast.	(c).								
PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART 1		
5								YES	REORMED?
PART II. OTH	JSE WAS	b. DESCRIB	E HOW INJURY OCCURRED. (E	nler nature of injury in Pa	ort I or Port	II of item 18.)			
20c. TIME OF INJUI	RY Month, Day, Yea			E OF INJURY (Home, for iry, street, office bldg., el	rm, i 20f. (Ci	ty or tawn)	(County	y)	(State)
Hour a.m.	19	While at wa	Not while	ny, sneer, omce blog., el					
21. I certify th	nat I took charge	of the i	remains described abo	ve, held on Autop	sy 🗍,	Inspection M.	Inquiry	図.	and in my
opinion death	resulted from: 1	laturol d	couses 🔯 . Accident	, Suicide ,	Homicid	e . Undete	rmined ma	-	7
	1	/	2011	۵,					
ACTUAL	Denedia	ts	Ketarelies	CHIEF MEDICAL	EXAMINER [DAT	E SIGNED
				ASSISTANT MEDI	CAL EXAMIN	IER D	1 0		
EXAMINER'S NAME (Type)				DEPUTY MEDICAL	LEXAMINER	B (Vet	- 8	195	-8
22a. BURIAL, CREMATIO		F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC.	ATION (City, town,	or county)	(5	itate)
REMOVAL (Specify) Buria	oct ii	1958	Hillcrest B	uria: Par	2	umberlan		Md	
23. FUNERAL DIRECTOR			ADDRESS	24a. REC	C'D BY REGIS		STRAR'S SIGNA		
Byron	Kight		Cumberland,	Md. DATE O	CT 1 0 '	58	Than & to	TOUR	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4000

	10009	OBIGIN	ICAII	OF DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLA	AND	USUAL RESIDENCE (W) b. STATE Mary	and	b. COUNTY	Alleg	anv	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write arest lown)	c. LENGTH OF STAY IN	ч 16	C. CITY OR TOWN (If	oulside corpo	rote limits, write R	URAL ond give	e nearest lov	vn)
Frost		3 Hours	X	Frostb	urg.	Route 1	L. Box	75	
	AL (If not in haspital, give street	address)	1	d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Man	th	Day	Year
(Type or print)	Bessie	М.		Miller	OF DEATH	October	7 7 5	th.	1958
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
Female	White widow	ED DIVORCED	o Ju	me 16th.	1891	lost birthday)	Months Do	ays Hours	Min.
10a. USUAL OCCUPATION during most of work Housewi	ON (Give kind of work done 10b. ing life, even if retired) Te OW	. 7		70		ountry)	12. CITIZE	EN OF WHA	T COUNTR
13. FATHER'S NAME	Pw	n nousewor		MOTHER'S MAIDEN N				USA	
William	Craze								
		SOCIAL SECURITY NO.	17. INFOR	Mary Bond	1	Addr			
(Yes, no, or unknown)	If yes, give war or dates of service) 26	1-30-7641	Leor		ller,	Frostbu		.Rt.	L
	TH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (o), (b), and (c).		of st	om	= \$.		INTERVAL B	ETWEEN D DEATH
Conditions, if or gove rise to ir couse (o), stoting I lying couse lost.	nmediote (ith abo	lomi	tral h	rete	astasi	20	9m	os
2	ER SIGNIFICANT CONDITIONS (EN IN PART 1	(o) 19. WAS PERFO YES	ORMED?
	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCC	CURRED. (Enl	ter nature of injury in F	ort I or Port	II of item 18.)			
ZOC. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Year 20d. It 19 While of war	Not while	De. PLACE Of foctory,	F INJURY (Home, form, street, affice bldg., etc.	20f. (City	or town)	(Cou	nty)	(Stote)
21. I certify the	at I attended the decease	ed from $10-1$	eath acc	, 1958 , to urred at /Z 105	10-1. M, fram	1958 the causes a	that I las		ed abave
alive an	de 10, D	2/10		29 !!	ADDRESS (SI	reel, city of town, s	state)	10	ATE SIGNE
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	4.C.Di	ielel 2h L. N	M.D.	39 u	ADDRESS (SI	reel, city or town, s	Itale)	12	17/
ACTUAL SIGNATURE	H.C.D.	ELLIN BALIN	1.Dr	39 u	ost	lam S Cung	I T	nd.	117/
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)		2h L NAME OF CEMETE F 1 bg Memory		39 cm Fra	DADDRESS (SH	reel, city of town, s Men S Comp On (City, 10 yn, o)	I T	nd.	'
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	10-18-58	22c. NAME OF CEMETE F 1 bg. Memo		39 a Fr.	DADDRESS (SH	reel, city or town, s Lager S Long TON (City, Yown, or stburg,	I T	nd. (Sto	(17/ _s

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 H

10401

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	T
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		1	ŧ	6	O	È
Reg.	Dist.	No.				

-		PLACE OF DEATH	egany	260	MARYE	AND	2. USUAL RES o. STATE	Marv1		d lived. If instit b. COUNT	Y	dence be		issian)
1	b		outside corporate fimits, write	RURAL	c. LENGTH OF STAY II	N Ib	c. CITY OR			prote limits, write				wn)
		Cumber1	and		18 years		Cumbe	r1an	1 0	2				
X	d	Sv1van Re		not in hos	pital, give street address)	d. STREET A	Paca	St.	,			ON	A FARM?
	3, 1	NAME OF DECEASED	Firs		Middle		Last		4. DATE	Mont	h	Day	١	'ear
		(Type or print)	Margaret		Anna		Mill	Ls	DEATH	Octo	ber	17	1	958
	5. S	EX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	EX 8.	DATE OF BIRTH			P. AGE (In years lost birthday)		RIYEAR		ER 24 HRS.
1		Female	White	WIDOWE	D DIVORCED	JE	Teb. 21,	1871		87 yrs.	Months	Days	Hours	Min.
	10a	. USUAL OCCUPATIO	N (Give kind of work d	one 10b. I	CIND OF BUSINESS OR I				ar fareign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
1		None	ino, even in remedy		None		Cumb	erlar	nd, Md.			U. S	. A.	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		Patrick M	ills				Mar	garet	t McCor	mick				
	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
		No			None	Mr	s. Patr	ick H	Birming	ham. C	umber	1and	, Md	
		PART I. DEATI 420. / Canditians, if on		Co	oronary Oc Oronary Sc							ONS	er and ber udde	AFH
		gove rise to immedi (a), stating the u cause lost.	nderlying DUE TO (c).											
2	CERTIFICATION	PART II, OTHI	ER SIGNIFICANT COND	-	Miac Hype					CONDITION GI	VEN IN PA	/	PEREC	AUTOPSY RMED?
		20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIBI	E HOW INJURY OCCUR	RED. (Er	nter noture of in	jury in Part	l ar Part II a	f item 18.}				
	MEDICAL	20c. TIME OF INJUR Havr o. m. p. m.	Y Manth, Day, Yea 19	While			E OF INJURY (F ry, street, office			or fown)	(C	ounly)		(Stote)
					remoins described cayses KK Accid	ent [, Suicide	EDICAL EX	domicide	, Undete		_	-	d in my
L		EXAMINER'S NAME (Type) B	enedict S	kita	relic, M.	D.			EXAMINER	_	ber	17,	195	58
	220	BURIAL CREMATION REMOVAL (Specify) Burial	Oct. 20.19		St. Patric			v		rland,			(Stot	e)
	23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS		3	-	BY REGISTR			GNATU	RE	
		Charles L	. George,	Cumb	erland, Md.		15 TO 15 TO	DATE	CT 21'	58	Irthur	8. K	and.	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be fact ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board. Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 2/57

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH-BALT	IMORE,	18
10817	CEDTIEICATE OF DEATH		

	2002	CER	IIFICA	E OF DEAT	П		Reg. Dist.	No.	
1. PLACE OF DEATH 6. COUNTY	Allegany	MA MA	RYLAND	O. STATE	-	lived. If institution b. COUNTY	Alles		ion)
RURAL and give	(If outside corporate limits, w	rite c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (II	outside corpore	ote limits, write RI			n)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give s	treet oddress)		d. STREET ADDRESS	avald				FARM?
3. NAME OF DECEASED (Type or print)	Tsabella First	Mide		lost 0888	4. DATE OF DEATH	Moni Oc tol			Year 19 58
5. SEX Female	6. COLOR OR RACE 7.		RIED B.	DATE OF BIRTH	893		IF UNDER 1 Y Months Do	EAR IF UND	
during most of w	TION (Give kind of work done torking life, even if retired) WOPK	10b. KIND OF BUSINESS OWN HOM	1/	Y W. BIRTHPLACE (SIO				U.S.	
13. FATHER'S NAME	Alexander	Wilson		14. MOTHER'S MAINEN	TTa	ic Garvi	n		
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FORCEST (If yes, give wor or dates of service			ormant 88. Margar	et Mos	Addr	aVale.	Md.	
	DEATH [Enter only one cause DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and ("Daught				INTERVAL BE	
Conditions, if gave rise to couse (o), stotin lying couse los	immediate DUE TO	8							
PART 11. C	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(o) 19. WAS PERFO YES	RMED?
	WAS UNDERLYING [] 20b. NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Part I or Part	II of item 18.)			
Y 20c. TIME OF INJI Hour o. m p. m	1. 10 V	Od. INJURY OCCURRED White Not while t work at work	20e. PLACE foctor	OF INJURY (Home, far y, street, affice bldg., e	rm, 20f. (City of tc.)	or town)	(Cou	nty)	(Stote)
21. I certify alive on Actual SIGNATURE	that Lattended the decentric 25		nesmi of death of	courred at/2/50	A.M. from	the couses a set, city or town, s	nd on the	t saw the dote state	deceased above
PHYSICIAN'S NAME (Type)	EARL R. 1	PAUL		Cumb	erlan	d. mi	nyla	no(
REMOVAL (Specif	10/27/58	22c. NAME OF CE		REMATORY		ON (City, town, o		Md.	e)
23. FUNERAL DIRECTO		Lonaconi			D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	TURE	

THENT OF HEALTH - SALTIMONE, IS. CATE OF DEALTH.	GRADA : *		
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requires that the death certificate be executed within 24 haurs after death. Page 4 The haspital ar attending physician.

R: After this certificate has been side, and the period of the period of the period. ATTENDING PHYSICIAN: The law may be retained by TO FUNERAL DIRE! page 3 should be a

TO HOSPITAL OR

VS A15 (4) 15M 10/57

	1.04	00	CERTIFIC	AIL OF	DEAT	-		Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	o. STATE	IDENCE (W	The state of the	lived. If instituti b. COUNTY		legar	
RURAL ond give	I (If outside corporate lim neorest town) erland	its, write c.	LENGTH OF STAY IN 16		TOWN (IF		ote limits, write R	URAL ond	give neare	st town)
OR INSTITUTION	PITAL (If not in hospitol, ed Heart Hos			d. STREET		agruder	Street	No.		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Nin	rst	Middle	Muhlema	st n	4. DATE OF DEATH	Octob		Day 30t	Yeor h 1958
5. SEX			NEVER MARRIED	B. DATE OF BIR	ГН		9. AGE (In years loss birthday) yrs.		1 YEAR IF	F UNDER 24 H Hours Min
10a. USUAL OCCUPAT Oduring most of we	orking life, even if refired	done 10b. KINI	o of Business Or Indi				hió.	12. CIT	U.S.	WHAT COUN
John Muh	nleman			14. MOTHER' Ros	S MAIDEN					
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		1AL SECURITY NO. 17.	wile, I	oroth	y Muhl	eman, ko		rudei	r St.
	DUE TO	Acute	Pulmonary E					4 . 4 .	ONSET 15	VAL BETWEEN I AND DEATH MINUTE
gove rise to couse (a), statin lying couse lost	g the under-		tensive Hear ficiency and						_	month
Z Z	THER SIGNIFICANT CON	IDITIONS CONT	TRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PAR		WAS AUTOPS PERFORMED? (ES NO
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port I or Port	Il of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	. 10	ar 20d. INJUR While of work	Not while for	LACE OF INJURY actory, street, office	(Home, for te bldg., et	m, 20f. (City	or town)	(0	County)	(Sto
21. I certify olive on Oct ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the tober 30th Wyand F. Do	12.58 20091	Jr., M.D.	M.D A	7:05 lgong	PM, from ADDRESS (Str uin Hot	the couses o	and on the	lost saw	the deced stated abo DATE SIG
220. BURIAL, CREMATI DEMOVAL SPECE		8 2	C. NAME OF CEMETERY O	Memo.	Porh.	Cun	ON (City, town,	or county		(Stole)
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	20		D BY REGISTR		TRAR'S SIC	SNATURE	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attenting physician. TO FUNERAL DIRECTAR R: After this certificate has been signed by the attenting physician and campletely filled in by the page 3 should be actioached far use as the burial-transit permit. Then please permove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10806 CERTIFICATE OF DEATH

	108	306	CERT	IFIC	ATE OF DEAT	Н		Reg. Dis	. No. 1	0787
1. PLACE OF DEATH o. COUNTY	Allegan	У	MAR	YLAND	2. USUAL RESIDENCE (W	there deceos	ed lived. If institution b. COUNTY	A 77	e before od Llega	
RURAL ond give	N (If outside corporate time nearest town) Ostburg	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corp	Porote fimits, write R	URAL ond g	ive nearest (lawn)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital,				d. STREET ADDRESS		in St.		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	- Jk	rst	Middle (ANTHO)		PHILLIPS	4. DATE OF DEATI	Mon Octo		Doy 21,	Yeor 19 58
5. SEX female	6. COLOR OR RACE white	7. MARR	NEVER MARRI		8. DATE OF BIRTH 9-12-1881		9. AGE (In years lost birthdoy) 77 yrs.	-	YEAR IF U	NDER 24 HRS.
housewo	working life, even if refired)	kind of Business of own home	OR INDU	ISTRY 11. BIRTHPLACE (SIGN	and	country)	12. CITI	U.S.	A .
	aben Anthon				Annie E		sters			
15. WAS DECEASED E [Yes, no. or unknown]	(If yes, give wor or dotes of	RCES? 16.	social security no		informant Lss Nell An	thony	Addi 7, Frost		Md.	
	ng the under-		accin	cn	ia Sto	ma	el		ONSET A	BETWEEN ND DEATH
CAT					NOT RELATED TO THE TERM			EN IN PART	1(o) 19. W. PEI YES	REORMED?
	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)				D. (Enter nature of injury in					
20c. TIME OF INJ Hour o. n p. n	n. 10	or 20d. It While of work	NJURY OCCURRED Not while of work	20e. Pl fa	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (Cit c.)	ty or town)	(Co	ounty)	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	than I attended the IT 20 WM. 0	195 Cf		death	M.D. E.	Z_M, fra	m the causes a Street, city or town, 1 Steg	nd an the	ast saw the date st	ne decease ated abave DATE SIGNE
	TION, 226. DATE THEREC		22c. NAME OF CEM	ETERY C		22d. LOC/	TION (City, town, o		,	stote)
J. R.	Durst,	Fr	ADDRESS ostburg,	Md	240. REC	TO BY REGIS	TRAR 246. REGIS	TRAR'S SIGN	1 1	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		1000	-							Reg. D			
o. COU		Allegany		MARYL	23.	o. STATE	ence (Where deced ryland		If institution		nce befor Lega		ion)
b. CITY		If outside corporate lim	its, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TO	OWN (If outside con	porote lim	its, write RI	JRAL ond	give nea	rest town	1)
	Fre	athura		l Yr.	2	2 Fr	rostburg						
d. NAM	NE OF HOSPI	TAL (If not in hospital, o	give street	oddress)		d. STREET AD					T	e. IS RES	FARM?
		At hon	1e			68	Wright 8	Stre	et				NO
3. NAME DECEAS	SED	Fii Ma		Middle C •		lost Phil	4. DATI		tobe		29		Yeor 1958
5. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D/	TE OF BIRTH		9. AGE	(In years	IF UNDE			ER 24 HRS
Fema	ale	White	WIDOWI	ED DIVORCED	D Se	pt.14	th,1898	lost	bisthdoy) 60 yrs.	Months	Doys	Hours	Min,
auring	most of wor	king life, even it refired		vn housewo		-	CE (Stote or foreign aryland	country)		12. CI	US/		COUNT
13. FATHER	S'S NAME				14	MOTHER'S	MAIDEN NAME		-				
	Joh	n Eisenti	cout			Mal	inda Cra	awfor	rd				
15. WAS D	ECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOR				Addr	ess			
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gove	ditions, if of the rise to it of (o), stating couse lost.	mmediate (0					-)) ₁	nem
OR CO (IF EITI	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMINAL DISE	ASE COND	ITION GIV	EN IN PAI	RT 1(o) 11	PERFO YES	RMED?
	CCIDENT WAS	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Er	iter nature of	injury in Port I or F	Part II of it	em 18.)				
	ME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. It While at worl	_ Not while _	0e. PLACE (foctory,	OF INJURY (Hi street, office	ome, farm, 20f. (C bldg., etc.)	City or town	1)		(County)		(Stole
ACTUA SIGNA PHYSH NAME	an Ol	at lyattended the	19.5 [and that d	M.D.	MATORY	ADDRESS 22d. LOC	Street sit	causes a	stote)		fe state	ate sign
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	seph	S SIGNATURE	Tono	ADDRESS	112		24g, REC'D BY REG		24b. REGIS				
00	sepii.	R. Durst,	T. T.C	stburg,	Md.		DATE NOV 3	'58	CI	thus .	1. Tha	MA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the registrar prior to burial, crematian, or removal, and in any event within page 3 should be Je may be retained by TO FUNERAL DIREC VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10784

CERTIFICATE OF DEATH

10789

	20102	OEKIII 10	AII OI DEAII		Reg. Dist	t. No.
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W			e before admission)
Allegan	V	MARYLAND	o. STATE Mary	Land b. co	DUNTY Alle	gany
b. CITY OR TOWN (If outside	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and gi	ive nearest town)
RURAL ond give nearest tov		33 days	02 Cumber	land		
d. NAME OF HOSPITAL (If no OR INSTITUTION			d. STREET ADDRESS			e. IS RESIDENCE
	cred Heart	Hospital	28 Que	en City Pave	ement	ON A FARM? YES NO [2]
3. NAME OF	First	Middle	Lost	4. DATE	Month	Day Yeor
DECEASED (Type or print)	Andrew		Porter "	DEATH O	ct. 2	1 19 58
S. SEX 6. COL		RRIED NEVER MARRIED	8. DATE OF BIRTH 2/1		1	YEAR IF UNDER 24 HRS.
Male Wh	ite WIDO	WED DIVORCED	27/27/2/20	last birtl	yrs. Months	Days Hours Min.
Oa. USUAL OCCUPATION (Give	kind of work done 10	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY
during most of working life, Retired	even if refired)		Marvland	d	T	S.A.
13. FATHER'S NAME Isaac			14. MOTHER'S MAIDEN			
Tzzett	Porter		Ella Nel	son		
IS. WAS DECEASED EVER IN U.	S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, no. or unknown) (If yes, give	war or dates of service)	20-10-7830	Pt's Chart			
18. CAUSE OF DEATH [En	er only one cause per	line for (o), (b), and (c).}	700000020			INTERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY:	ongestive hear	t failure			ONSET AND DEATH
420.1 IMMED	DUE TO	Sigesorve mear	o rarrare			
Conditions, if ony, whi	C	oronary heart	disease			5 yr.
gove rise to immedio	te (DUE TO					
lying couse lost.	G. G.	eneralized vis	ceral failure			l mo.
	/ (0)	S CONTRIBUTING TO DEATH BE		INAL DISEASE CONDITION	ON GIVEN IN PART	1(o) 19. WAS AUTOPSY
Chronic	bronchiti					PERFORMED?
20a. ACCIDENT WAS UNDE		ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Part II of item	18.)	I I I I I I I I I I I I I I I I I I I
PART II. OTHER SIGN Chronic 20a. ACCIDENT WAS UNDE OR CONTRIBUTING II CAU UIF EITHER, NOTIFY MEDICA	SE OF DEATH					
	h, Doy, Year 20d	none none 20e.	PLACE OF INJURY (Home, fare	m. (20f. (City or town)	IC.	ounty) (State)
20c. TIME OF INJURY Mont Hour a. m.	Whi		factory, street, office bldg., etc	c.)		(6.2.0)
	Ui W		- 70 f0 Oot	i chem 21	58	
		ased fram Septembe				
alive an October	19	50, and that dea	th accurred at 8,151			
ACTUAL OF	Valleyon	ms	The Page	ADDRESS (Street, city or ord Street	town, stole)	10-22-58
SIGNATURE		· ·	_M.D	ord Street		10-22-70
PHYSICIAN'S			210 2 10	2 001	Cumberla	nd. Md.
NAME (Type) The	IP Halling		140 Bedfo			
22a. BURIAL, CREMATION, 22b. REMOVAL (Specify)	DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City,		(Stole)
	/23/1958	Allegany Cou	inty Coometer	Frostbur	g, Maryl	and
23. FUNERAL DIRECTOR'S SIGNA			Ω	TD BY REGISTRAR 24E		
John J. Hafer,	cumperia	nu, maryiana	DATE	WI M T OUT	aring S.	Thank

death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after gned by the attending physician and campletely filled permit. Then please remove carbon papers. Pages 1 in any event within 72 pages of the control of the c TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR RESERVENCE AND ASSOCIATION OF PAGE 3 should be deflacted for use as the burial-transit permit. The registrar priar to burial, cremation, ar remayal, and in any expensive prior to burial, cremation, ar remayal, and in any expensive prior to burial, cremation, ar remayal, and in any expensive prior to burial, cremation, ar remayal, and in any expensive prior to burial, cremation, ar remayal, and in any expensive prior to burial. VS A1S (4) 1SM 10/57

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	Little The A. Shritter and so (A. Hig) are temperature of security	
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary)	here deceased lived. If institution b. COUNTY		
RURAL and give	N (If autside carporate limits, write nearest town) Perland	1/12/56	c. CITY OR TOWN (IF	autside corporate limits, write R	URAL and give	nearest tawn)
d. NAME OF HOS OR INSTITUTION Allega	SPITAL (If not in haspital, give street in County Inf:	address) irmary	/ d. STREET ADDRESS 102 W	Wood Street		e. IS RESIDENCE ON A FARMS YES NO L
3. NAME OF DECEASED (Type or print)	Rose	Middle	Porter	4. DATE Mor		9, 1958
5. SEX Female		DIVORCED	8. DATE OF BIRTH 9/12/1874	9. AGE (In years last birthdoy) 811 yrs.	Months Day	AR IF UNDER 24 HRS. 'S Hours Min.
during most of v	ATION (Give kind of work done 10b. vorking life, even if retired) -Practical Nur:			ad		S . A .
	Thomas G. Port	ter		Conner		
15. WAS DECEASED (EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT P.O.BO		ress Cumb	erland, Md
		A	llegany Cou	inty Infirma:	ry Rec	ords
	DEATH [Enter only one cause per lind DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (a). (b), and (c).	y sclero	rais.	0	STERVAL BETWEEN ONSET AND DEATH
Conditions, if		Chronice	1 / myse	ardito		?
lying cause la	ng the <u>under-</u> DUE TO (c)	Leville	arteri	rocleron	0	?
PART II. (OTHER SIGNIFICANT CONDITIONS C	e deter	correte	0>	'EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING 20b. DESC NG CAUSE OF DEATH FY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II af item 18.)		
20c. TIME OF INJ Haur a. n p. n	n. While	Not while fo	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc	n, 20f. (City or town)	(Count	(State)
21. I certify of on 1.C	that I attended the decease 1/28/58 19		occurred at 12:55	LO/29/58, 19 AM, from the causes of ADDRESS (Street, city or town, ene St.	ind on the o	saw the deceased date stated above. DATE SIGNED 0/29/58
PHYSICIAN'S NAME (Type)	Dr. James E.	McLean	Cumberl	and, Md.	* * * * * * * * * * * * * * * * * * * *	
220. 8URIAL, CREMAT REMOVAL (Speci Burial	10/31/58	St. Michael		22d. LOCATION (City, town, o	or county)	(State)
23. FUNERAL DIRECTO Beuled H.M	- Haier	uneral Home		D BY REGISTRAR 246. REGIS	other S. H	TURE

THE RESIDENCE OF THE PARTY OF T - Joedie Book St. The state of the state of the section 201 Cas | 1 mm Be to the state of the second Tades G. Poster con Call .blr . Basiconard -- PAR zot. D. Taveren I be in I was a THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O .du anna et eu bil bil frederic can amount it seems of the Separate Sep

VS A1S (4) 1SM 10/57

10791

10808 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	g. COUNTY		2. USUAL RESIDENCE (Whe			before admis	sion)
	Allegany	MARYLAND	a. STATE Marvla	and b. co	ATTA	zanv	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or				n)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Miners Hospital		d. STREET ADDRESS Box 393	Eckhart	ostourg	ON	SIDENCE A FARM?
3.	NAME OF First	Middle	Lost	4. DATE	Month	Day	Yeor
L	OFCEASED (Type or print) MARY		POSENAL	OF DEATH	10	13	1958.
5.	F 6. COLOR OR RACE WIDOW	NEVER MARRIED DIVORCED DIVORCED	6-22-1884	9. AGE (Ir		YEAR IF UND	Min,
	during most of working life, even if retired) House wife O	wn Home	JSTRY 11. BIRTHPLACE (Stote of Austria	or foreign country)		S.A.	COUNTRY
13	, FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
	Mathias Girl		Mary Ml	akar			
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give war ar doles of service) No None		rank Posenal	,R.D.1,B	ox 393, F	rostb	urg, M
NC	PART I. DEATH WAS CAUSED BY: 1992 Conditions, if ony, which gove rise to immediate cause (a), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	nelaslat	T NOT RELATED TO THE TERMIN	Arna NAL DISEASE CONDITI	ON GIVEN IN PART	ONSET AND	the
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort Lor Part II of item	18.1	YES _	NO NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 While of worl	Not while fo	LACE OF INJURY (Home, form, scrory, street, office bldg., etc.)	20f. (City or town)	(Co	ounty)	(Stote)
	21. I certify that fattended the decease alive on Color 13, 19	6.63	1950, to 6	My from the ca	19_5_, that I la		
	ACTUAL SIGNATURE PHYSICIAN'S	mis,		DDRESS (Street, city o		llen	ATE AIGHE
27	NAME (Type) ON TO	22c. NAME OF CEMETERY	DR CREMATORY	22d. LOCATION (City)	TYOS	thus	Md
	Burial 10-16-58 S	t. Michael'	s Cemetery	Prostbur		(Sié	J'
23	FUNERAL DIRECTOR'S SIGNATURE Hafer	Funeral Home	240, REC'D	BY REGISTRAR 248	Online & A		

全部。也是是我们还是一些的关键行子。 下级数 有表现机 新香菜 网络医疗现在所 하시는 한 경기가 하면서 그 가능이 맛에 되는 데 맛있는데 보다들네? 함께

VS A1S (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10212

CERTIFICATE OF DEATH

10792

10010	10010 Reg.					
1, PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	ere deceased lived. It institution: Resi			
Allegany		Maryla		egany		
 CITY OR TOWN (If autside corporate limits, v RURAL and give neorest lawn) 	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL or	nd give nearest tawn)		
Rural Cumberland.		X Rural Cum	berland.			
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
458 McMullen Hwy.		458 McMu11	en Hwy.	YES NO		
3. NAME OF First DECEASED (Type or print) HERBE	Middle LEE	SEAMAN	4. DATE Month OF DEATH OCT	Doy Yeor 13. 1958		
		B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.		
10.0		Dec. 26, 1891	lost birthdoy) Month			
10a. USUAL OCCUPATION (Give kind of work dank during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or fareign country) 12.	CITIZEN OF WHAT COUNTRY		
Retired Conductor	W. Md. Rwy.	Elk Garde	n. W. Va.	U. S. A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
Gilbert Seaman		Jane M	etcalf			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17. IF	NFORMANT	Address			
(Yes, no. or unknown) No		s. Mollie R.	Seaman 458 McMull	en Hwy. Cumb.		
18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	Ento condil	in Phie	1100	ONSET AND DEATH		
421.4 DUE TO			2.2.2.0			
Canditians, if any, which)	Red Ora IM do	10 80	us Pleen			
gave rise to immediate	consecutions.	CELFY NE	and fullen			
couse (o), stoting the under-						
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UR (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	Part I or Port II af item 18.)			
	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	206 (City or town)	(County) (State)		
Hour o.m.	While Nat while fac	ctory, street, office bldg., etc.)	(County) (Stole)		
p. m. 19	at wark at work					
21. I certify that I attended the de	eceased fram Fish	, 19 4/7, to 8-1	ex 13 , 1955, that	I last saw the decease		
alive an Pot in	1955 and that death	accurred at 6/20)	AM, fram the causes and ar			
N1 - 1	10/		ADDRESS (Street, city or town, state)	DATE SIGNE		
SIGNATURE AS MILLELINE	132 70	M.D. 49 GRE	eux	10/13/50		
PHYSICIAN'S 49 Gra	one Street	Cumberl	and My			
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or count	y) (Stote)		
Burial Oct. 15.			Near Cumberland			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S			
	umberland. Md.		- 4			
ATTENDED TO RECUES OF	miner Tand Mu	DATE IIII.	115'58 Calling	Y ST		

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ath.	S may be retained by the haspital ar attending physician.	TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the	page 3 shauld be aklached for use as the burial transit permit. Then please remove carban papers. Pages 1 and 2 should be filed	
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1		MARYI	LAND	STATE DEPAR	TMENT O	F HEALTI	H-BAL	TIMORE	, 18			
		1080	9	CERTIF	ICATE O	F DEATI	Н		Reg. I	Dist. No.	10	793
1.	PLACE OF DEATH			AA BYLA	O STA	RESIDENCE (W	-	d lived. If inst	UTY A			an)
H		Legany		MARYLA			and		ALL	.egar	V	
	RURAL ond give ne	foutside carporote limit orest tawn)	is, write	c. LENGTH OF STAY IN	1b c. CIT	Y OR TOWN (If		orate limits, wri	e RURAL one	d give nea	rest town	}
L	Frostb			5 Weeks	Local	Frost	ourg					
	OR INSTITUTION	al (If not in hospital, giner's Ho		all the second second	d. STI	L17 Mt.	Plea	sant S	t.	•	ON A	DENCE FARM? NO
3.	NAME OF DECEASED	Fire	st	Middle		Lost	4. DATE		Manth	Day	Y	rear r
	(Type ar print)	Ernes	t	F.	Se	eifert	DEATH	Oct	ober	201	th 1	958
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In ye		R 1 YEAR	IF UNDE	R 24 HRS.
	Male	White	WIDOW	ED DIVORCED	July	26th.	1876	lost birthdo	yrs. Months	Days	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work o	done 10b.	KIND OF BUSINESS OR	NDUSTRY 11. BI					ITIZEN OI	F WHAT	COUNTRY
١,	Ret. Engi	ing life, even it retired)	1 1 ~	lanese Co		Marvla				USA		
_	. FATHER'S NAME	Heer	100	71011000 00.	-	HER'S MAIDEN				ODI	7	
	Honner C	oifont						0.00				
15	Henry S		CES2 14	SOCIAL SECURITY NO.	17. INFORMANT	izabeth	I nag		Address ¬ ¬			
ĮΥ	es, no. or unknown]	If yes, give war or dates of se	enure!				0 . 0		1	17 M	t.Pl	leas.
_					Miss M:	rrarea	Seif	ert, r	rost	ourg	, Mo	
			use per li	ne far (0), (b) and (c).]	7,	22	1.	1-0			RVAL BET	
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a))	Congil	steve	, He	an 3	facele	we	3	wo	11 -
	420.0	DUE TO		200	1	p ,	0	~ 1	on n.		^ -	
	Conditions, if or			Chron	uc or	lenos	claro	lec A	A des	mas	400	200-
	gove rise to in cause (a), stating t									0	-	
	lying cause last.	(c))							100		
Z	PART II. OTH			CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(a) 19	. WAS A	UTOPSY
TY											PERFOR	NO PU
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter na	ture of injury in	Part I ar Por	t 11 of item 18.)			165	No A
CER	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER				-0.1						
	20c. TIME OF INJURY		20d II	NJURY OCCURRED 20	e. PLACE OF INJ	LIPY (Home form	206 (Cit.	. es level		16		45
MEDICAL	Haur a. m.	19	While	Not while	factory, street,	affice bldg., etc	i.) i.)	or town;		(County)		(State)
×	p. m.	17	at war	k at wark			-	4				
	21. I certify the	at I attended the	decease		- SPH	58, to 1	Velo	19 3019.	58, that I	last sa	w the	deceased
	alive an	clober.	202	58 and that de	eath occurred	d at 7 .301	M, fran	n the cause	s and on	the date	e state	d abave
			0	0				treet, city ar to				TE SIGNED
	ACTUAL SIGNATURE	taling.	15,	Totaves	, M.D.	2	R	2	uran	1.	12/	44/5
	0	0, 2	7	/				. 0	. 7			
	PHYSICIAN'S NAME (Type)	Tohn B	P	AVIS, M.D.) ,	Fr	date	Done	Suc	1		
22	BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CREMATO	RY	22d, LOCA	TION (City/10%	n or county		154.4.	
	DELLEGATION IC "C 1						1					
	Burial (Specify)	10-23-5	58	Zion Unit	ed Chi	rch	Trans.				(State)	}
23.	BUTIAL FUNERAL DIRECTOR'S		58	Zion Unit	ed Chu			ostbur	g .		Md.)
23.	Dur. 19T	SIGNATURE	-	Zion Unit ADDRESS Frostburg,			D BY REGIST	ostbur	GISTRAR'S S	IGNATURI	Md.)

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CERTIFICATE OF DEATH

10794

		AU	100	CLI	XIII ICA	TIL OI	PLA			Reg. Dist.	No.	
	PLACE OF DEATH o. COUNTY	Alle	gany	,	MARYLAND	2. USUAL o. STATE	Maryl		lived. If institution b. COUNTY		before odmi	ssion)
	b. CITY OR TOWN (I RURAL and give no	orest lown)	e limits, write	c. LENGTH OF	STAY IN 16	c. CITY		outside corpor	ote limits, write Ri	URAL and giv	e nearest to	√n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospi		nty Inf	irmar		ET ADDRESS	1, Bo			ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	D	First avid	N	Aiddle D.	Sha	ffer	4. DATE OF DEATH	Octobe		Doy	Yeor 1958
5.	Male Male	6. COLOR OR R	ACE 7. MAE	RRIED NEVER M	AARRIED	8. DATE OF 2/12	1		9. AGE (In years last birthday) 98 yrs.	Months D	YEAR IF UNI	The second second second
	during most of work	ing life, even if re	tired)	Rd. Wo			st Vii		untry)	U.	S. A	COUNTRY!
13.	FATHER'S NAME J	acob Sh	affer			0~	lumb	NAME). I	larpe	e	
	WAS DECEASED EVE	R IN U. S. ARMED (If yes, give wor or do		S. SOCIAL SECURIT		NFORMANT 11ega			hfirma	"Cuml		
	18. CAUSE OF DEA	TH (Enter only of the WAS CAUSED IMMEDIATE CAU	BY:	line for (a), (b), on	1666	ENR	ry 6	900 g	afico	2	INTERVAL I	BETWEEN D DEATH
	Conditions, if o	ny, which)	(b)	Chio	nie	77	Lyge	and	itis			?
	gove rise to in couse (o), stoting lying couse lost.		(c)	Cery	fera	Ca	rter	150	cliro	010		7
CERTIFICATION		3	ecer	CONTRIBUTING	ete	TTOI	rat	CON		EN IN PART 1	PERF	ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [CAUSE OF DE	ATH JER)	SCRIBE HOW INJU	RY OCCURRE	D. (Enter notu	re of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy	While	INJURY OCCURRED Not while ork at work	foo	ACE OF INJU clary, street, o	RY (Home, for office bldg., et	m, 20f. (City	or town)	(Co	unty)	(State)
	21. I certify the olive on 10	at I attended /13/58	the deceo		1/31/5 that death		10: T	ADDRESS (Str	58, 19 the causes o eet, city or town,	nd on the	date sta	ted abave
	PHYSICIAN'S NAME (Type)	Dr. Jan	nes E.	McLean	1	M.D	7.	rland,				7/ /-
720	BURIAL, CREMATION TO SULVEY	N. 226. DATE TH	7/58	Pres	CEMETERY O	R CREMATOR	Υ	Hen	Cenh	county)	- W	1 ct
23.	FUNERAL DIRECTOR	S SIGNATURE	No	ADDRESS	hor	Tma	24o. REC	D BY REGISTR	10	TRAR'S SIGN	Loud.	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIPP OR: After this certificate has been signed by the attending physician and campletely filled in by in Apperal director, page 3 shauld be deached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 she be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO FUNERAL DIPP page 3 should be TO HOSPITAL OR VS A1S (4) 1SM 9/SS

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VS A15 (4) 15M 9/55 60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. W.F. WMS.

10787

CERTIFICATE OF DEATH

10795

70.01				Keg. Dist.	140.				
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
b. CITY OR TOWN (If outside corporate limits, write RURAL COMBER LAINON)	C. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF O	utside corporate limits,	85 X	e nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPITAL—MEMOR	IAL AVENUE	d. STREET ADDRESS		b. COUNTY Imits, write RURAL and give nearest town)					
3. NAME OF DECEASED (Type or print) DELSIE	Middle	SHANHOLTZ	4. DATE OF DEATH OC						
		8. DATE OF BIRTH AUGUST 23	9. AGE (In	years IF UNDER 1 'hday) Months D					
0o. USUAL OCCUPATION (Give kind of work dane during most of working life, even il retired)	KIND OF BUSINESS OR INDU			12. CITIZI	EN OF WHAT COUNTRY				
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME						
NEWTON, MORELAND		RHODA	WHITACRE						
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I		TAL-MEMOR						
		rotic Card	'sovade	sol	INTERVAL BETWEEN ONSET AND DEATH				
442 X DUE TO		Le		. 0	7				
Conditions, if ony, which		12	na leia	kase	1				
couse (a), stating the under- lying couse lost. DUE TO									
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE P	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART I	PERFORMED?				
	ERIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Port II of item	IB.)					
Hour o. m. While	Not while to	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	. 20f. (City or town)	(Co	unty) (State)				
10.12	0	19.55, to 12:45A	<i>b</i> −14−1 •M, fram the car	9.2, that I la	st saw the decease				
ACTUAL SIGNATURE W X Min	iama	M.D. Quemi	ADDRESS (Street, city or	town, stole)	DATE SIGNI				
PHYSICIAN'S DR. W.F. WILLIAM	15								
2. USUAL RESIDENCE (Where deceased lived. It institution, Residence before a "MEST VIRGINIA" b. COUNTY LITY OR TOWN II downishe corporate limits, write C. LENGTH OF STAY IN 16 TAX DAYS C. CITY OR TOWN II founds corporate limits, write RURAL and give neares RURACCOMBERTUNIO" TAX DAYS NAME OF HOSPITAL (If not in hospital), give street address) C. CITY OR TOWN II founds corporate limits, write RURAL and give neares REMORIAL HOSPITAL—MEMORIAL AVENUE MR OF REASON MENORIAL AVENUE C. CITY OR TOWN II founds corporate limits, write RURAL and give neares REMORIAL HOSPITAL—MEMORIAL AVENUE C. CITY OR TOWN II founds corporate limits, write RURAL and give neares REMORIAL HOSPITAL—MEMORIAL AVENUE A STREET ADDRESS MR OF PEASON C. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED AUGUST 23 MARY OF UNITED C. COLOR OR RACE 7. MARRIED NEVER MARRIED AUGUST 23 MARY OF UNITED C. COLOR OR RACE 7. MARRIED NEVER MARRIED AUGUST 23 MARY OF UNITED C. COLOR OR RACE 7. MARRIED NEVER MARRIED AUGUST 23 MORITAL AUGUST 23 P. ADATE STAN MORRITAL MEMORIAL COCUPATION (Give kind of work done) (Ib. KIND OF BUSINESS OR INDUSTRY II). BIRTHPLACE (Stoke or foreign country) Months D. P. MORRITAL MEMORIAL COCUPATION (Give kind of work done) (Ib. KIND OF BUSINESS OR INDUSTRY II). BIRTHPLACE (Stoke or foreign country) 12. CITIZEN OF V. WEST VIRGINIA MEMORIAL CRASS OF DEATH (Enter only one count per line for (Ib.) ond (Ic.) PART I. DEATH WAS CAUSED BY (Ib.) D. COLOR OR COUNTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIO MEMORIAL CRASS OF DEATH (Enter only one count per line for (Ib.) ond (Ic.) PART I. OTHER STONIES AND OR COUNTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIO MEMORIAL CRASS OF DEATH (EACH OR COUNTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIO MEMORIAL CRASS OF DEATH (EACH OR COUNTRIBUTION TO DEATH BUT NOT RELATED T	N.Va.								
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS								
Keick S. Heller	Nomme	What DATE OF	T 2 0 '58	arthur S. 4	traus				

MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE, US

25/01/2

Rea Dist No

								Keg. Dist. 1	40.	
1	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where decease	d lived. If institut		efare admis	sion)
		mgany		MARYLAND	Mar	ryland	B. COUNTY	Allegar	ny	
	b. CITY OR TOWN (RURAL and give n	If outside corporate limits	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	WN (If outside corpo	orate limits, write F	URAL ond give	nearest tow	n)
	Cumbarl		274	5 days	2 Cumbe	enl and				
	d. NAME OF HOSPI	TAL (If not in haspital, gi	ve street o	address)	d. STREET ADD				e. IS RES	SIDENCE
	OR INSTITUTION				70	Cuanan Da	÷ 770			FARM?
==	NAME OF	Sacred Hear				Cresap Dr			I IES L	NO
	DECEASED (Type or print)	First Calvi		Middle W •	Shipes	4. DATE OF DEATH	Oct		Day	Year 1958
i.	SEX	6. COLOR OR RACE	7. MARRI	ED MEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
	Male		WIDOWE		12/37/00		last birthday)	Manths Day	s Haurs	Min.
h				KIND OF BUSINESS OR INDI		E (State or foreign o		12. CITIZEN	J OF WHAT	COUNTRY
1	during most of Mor	king life, even if retired)	11:	+. 01	. 0			12. 011/201	TOI WITH	COUNTRI
4	FATHER'S NAME		(.7)	y of Cumberl	WV				U.S.A.	
3.	FAIRER S NAME		/	/	14. MOTHER'S MA	AIDEN NAME				
	William	Shipes			Em	ma Jane C	retchley	Thursday		
S.	WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
	yes.	WWI			Pt. Is	Chart.				
	IB. CAUSE OF DEA	ATH [Enter anly ane cau	se per line	e far (a), (b), and (c).]				Lu	NTERVAL BE	TWEEN
-		TH WAS CAUSED BY:	1.0	Paral De a	1 1	1001 1 300		O	NSET AND	DEATH
	5010	IMMEDIATE CAUSE (a)_	me	earny trong	magese	value)		2 wee	3
	581.0	DUE TO	- 4	200	7				1.	
	Canditians, if a gove rise to i		_//	ortal ryper	leup B				12ca	_
	cause (a), stoting		/	2 / 01	14 P.				1.	
	lying couse lost.	(c)_	- 6	sulum y	the Ine	r			14ce	-
2	PART II. OTE	HER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY
CAT										RMED?
Ĭ.	20a. ACCIDENT WA	AS UNDERLYING 2	Ob. DESC	RIBE HOW INJURY OCCURRI	D. (Enter nature of in	jury in Port I or Par	t II of item 18.)		1	.,,,
CERTIFI	OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJUR Haur a. m.	Y Month, Day, Year		JURY OCCURRED 20e. P	LACE OF INJURY (Homoctory, street, affice blo	ne, form, 20f. (City	or tawn)	(Coun	ty)	(State)
MEL	p. m.	19	While at wark	Nat while at wark	sero-y, sweet, arrice bit	og., etc.)				
	21 Leontification	nat I attended the a		d from 110 - 4	- 1958 1	10-	74 20 5	F		
		111-27-	Jecense			9/5	6-, 19 50			
	alive an	1 1	., 19_2	\mathcal{E}_{-} , and that death	h accurred at		n the causes o			
	ACTUAL	4 R			5	ADDRESS (S	reet, city or town,	state)	Di	ATE SIGNE
	SIGNATURE	a 18mm	3		M.D	/ mem	01. Came	welnd the	ul	79-
	PHYSICIAN'S	, ,								
	NAME (Type)	n Pringe			5	Greene	Street			
20		N, 226. DATE THEREOF)	22c. NAME OF CEMETERY C	OR CREMATORY		TION (City, town,	or county)	, (Stat	el -
1	REMOVAL (Specify)	10/30/5	8	Zion men	. Buril F	ach M.	whe le	_0"	200	0
3.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	P	a. REC'D BY REGIST	PAR 24 PECH	STRAR'S SIGNAT	THE	~
-	1	14.0		1	24 D			thun & Fir		
	Jams,	Alen V	nc	(uno	DA. DA	TE TO		, az, vob		

ral director, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRE DR. After this certificate has been signed by the attending physician and campletely filled in by I page 3 should be detached far use as the burial-transit permit. Then please regrave-carban papers. Pages 1 and 2 TO HOSPITAL OR VS A15 (4 1SM 10/5

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	Service of the servic	18/18/11	7-8
5		sale Little	add the

>	Items	8	åc	9,]
7	1. PLACE OF DEATH o. COUNTY		-	<u> </u>	5

Rea Dist No

10797

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	PLACE OF DEATH O. COUNTY ALLEGANY				MARYL	AND	2. USUAL RESIDENCE OF STATE PENNSYLVAN		e decease		If institution	Soll	ce before	PSE	7
	b. CITY OR TOWN	If outside corporate limi	ts, write	c. LENGTH	OF STAY II	N 1b	c. CITY OR TOWN	N (If out	side corp	orote limi	its, write RI	URAL ond	lve neares	t town)	
	CUMBERLAN	D,		9HRS.	57MI	NS.	SALISBU	JRY			7.	5 X -	3		1
N. Control	d. NAME OF HOSPI OR INSTITUTION EMORIAL H	TAL (If not in hospital R OSPITAL-MEN	WICK	oddsesst			d. STREET ADDRE	ESS						IS RESIDE	RM?
3.	NAME OF	Fir	st		Middle		lost		4. DATE		Mon	th	Dov	Yeo	r
	DECEASED (Type or print)	S.			CURT	IS	SHOWALT	TER	OF DEATH	4	OCT	OBER	3		58
5.	SEX	6. COLOR OR RACE	7. MARI	NEV NEV	ER MARRIED		B. DATE OF BIRTH	. 11.1.		9. AGE	(In years	IF UNDER	1 YEXR IF	UNDER 2	
	MALE	WHITE	WIDOW	ED 🗌	DIVORCED		MARCH 26.	. 18	99	595	birthdoy) yrs.	Months	Days H	lours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work		KIND OF 8	USINESS OR	INDUS		(State or	foreign o	country)		12. CIT	IZEN OF	WHAT CO	UNTRY?
	during most of wo	rking life, even if retired	,				SALISBU	JRY.	PA.				U. S.	Δ.	
13.	FATHER'S NAME						14. MOTHER'S MAIL	-			_		0. 0.	71.	
		GREEN B S	HOWAI	TER			BARBA	ARA E	51151	M CAE	01 177				
		ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	URITY NO.	17. 10	FORMANT	117/1		N GAL	Addi	1015			
[Ye	s, no, or unknown)	(If yes, give war or dates of s		72-18	-2403	ME	MORIAL HOS	SPITA	AL		CUMBI	ERLAN	D, MA	RYLA	ND
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o). (l	o). ond (c).]		40							AL BETW	
	PART f. DE	ATH WAS CAUSED BY:	. 6	Ton	MARC	-	Thra	end	100	ua	-		ONSET	AND DE	ATH
	1420.1	DUE TO						•	,	0					-Year.
	Conditions, if	and subjet V	(Lus	in A -	7/1	who to	· N	15 6	200	1.0		0	-	-1
	gove rise to	, ,			uce	1	por to	1			^	,		-cy	A
	lying couse lost.	the under-					1	100	Vul	1	Nias	all			
z		HER SIGNIFICANT CON		CONTRIBUTI	NG TO DEA	TH BUT	NOT RELATED TO THE	TERMIN	AL DISEA	SE COND	ITION GIV	EN IN PAR	T 1(o) 19.	WAS AU	OPSY
CATIO														PERFORM ES	ED?
CERTIF	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OC	CURRE). (Enter noture of inju	ury in Po	ort I or Po	ort II of its	em 18.)				
N.	20c. TIME OF INJU	RY Month, Doy, Ye	or 20d. I	NJURY OCC	URRED :	20e. PL/	CE OF INJURY (Home	e, form,	20f. (Cit	ty or low	n)	((County)		(Stote)
MEDI	Hour o.m.	19	While of wor	k O of wor	hile	foc	tory, street, office bldg	g., elc.)							
-		hat I attended the			In	_ 9	3-1056	11	ט . כ	₹.	10.5	that I	last same	16 a da	
		A 6-9	10	1			17.	57P							
	alive on	36-2			ona mar	aearn	accurred at T				causes a y or town,	ind an ti	ne date		above.
	ACTUAL SIGNATURE	W.X.	Tu	Mei	ens	2	V.D. Cun	ub	ela	u l	W	l.	/	20-3	.59
	PHYSICIAN'S NAME (Type)	DR. W. F. W	ILLIA	AMS	43										
220	BURIAL, CREMATIO	ON, 226. DATE THEREC)F	22c, NAM	NE OF CEME	TERY O	CREMATORY	2	nd. LOCA	ATION (C	ity, town, o	or county)		(Stote)	
	REMOVAL (Specify	'a October	15 KI	SAL	15BV1	PX.	- T.O.O.	F. S	SAL	SRI	DV	SOME	PSE	T-CA	PA
23.	FUNERAL DIRECTO	S SIGNATURE	2/1	ADDR		11.	17	. REC'D	BY REGIS	STRAR		STRAR'S SIG			3/
(VILAN	NOM AVIC	LK on	2	NA	1	1/	- OCT		58	0.	72.7 8	4.		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 Peral director. be filed OR: After this certificate has been signed by the ottending physician and completely filled in by the elected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 statements are considered for use as the burial-transit permit. the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death Setached for use as the buriot-transit permit. the hospitol or ottending physicion. page 3 should be TO HOSPITAL OR TO FUNERAL DIR

60

VS A1S (4) 15M 9/55

MARYTAND STATE DEPARTMENT OF ICALTH-SALTIMORE, 16 THE PARTY OF THE P . 15 34 12 12 12 12 13 13 HE THE STATE OF THE STATE OF SHIPLEY OF THE PARTY

t to we say	MAKYLA	IND SIA	TE DEPARTA	MENT OF HEALTH	H-BALT	TIMORE, 1	8		S AUTOPSY FORMED?
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF DECEASED J. NAME OF DECE	ATE OF DEATH	1		Reg. Dist. N	0.				
a COLINITY	legany		MARYLAND		here deceased	l lived. If institutio b. COUNTY			sion)
RURAL and give nee	orest town)	write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (IF &		rate limits, write RL SCOW	JRAL and give n	earest tow	n)
OR INSTITUTION				d. STREET ADDRESS				ON	A FARM?
DECEASED				Shriver	4. DATE OF DEATH	Octobe:	5. 147.13	_	P. P.L.
					,1895	9. AGE (In years last birthday) 63 yrs.			1
House	ing life, even if refired)		COLUMN TO THE REAL PROPERTY.	Lonacon	ing, M				I COUN
			SECURITY NO. 17	Max		Nicols	Reg. Dist. No. ulion: Residence before admission) IY Allegany RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO anth Day Yeor 6 1958 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. U.S.A. INTERVAL BETWEEN ONSET AND DEATH 3 CALLS 4 CALLS		
(Yes, no. or unknown) (I	I yes, give wor or dates of service	(e)		Silas Shriv	ver	Mosc			
PART I. DEAT	H WAS CAUSED BY:	0	•	"Husband	300		IN	TERVAL BI	
gove rise to im cause (o), stating t	mediate (DUE TO	Carel	ral Va	iscular ac	cide	<u>t</u>		4 de	ys
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MINERS HOSPITAL 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED OWN HOME S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yis, no, or unknown) RO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 19. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING TO DEAT OR CONTRIBUTING CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 22. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 22. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 23. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 24. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 25. WAS DECEASED TO THE TOWN TO		NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIVE	N IN PART 1(0)	PERFO	DRMED?		
OR CONTRIBUTING	CAUSE OF DEATH	b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Part	II of item 18.)			
		While No	t while	LACE OF INJURY (Home, formactory, street, affice bldg., etc	20f. (City	or tawn)	(County	1)	(Stat

Cemetery

21. I certify that I attended the deceased from alive an

19.5 Sthat I last saw the deceased and that death accurred at 2 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

MILL

LONACONIN G

MO

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF

10/8/58

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county) Moscow,

(State) Md.

23. FUNERAL DIRECTOR'S SIGNATURE

Laurel ADDRESS

240. REC'D BY REGISTRAR 9 '58

24b. REGISTRAR'S SIGNATURE Carthury S. Traus

TO FUNERAL DIRECTORS POSE 3 should be dedo VS A15 (4) 1SM 10/S7

TO HOSPITAL OR

the registrar prior to burial,

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

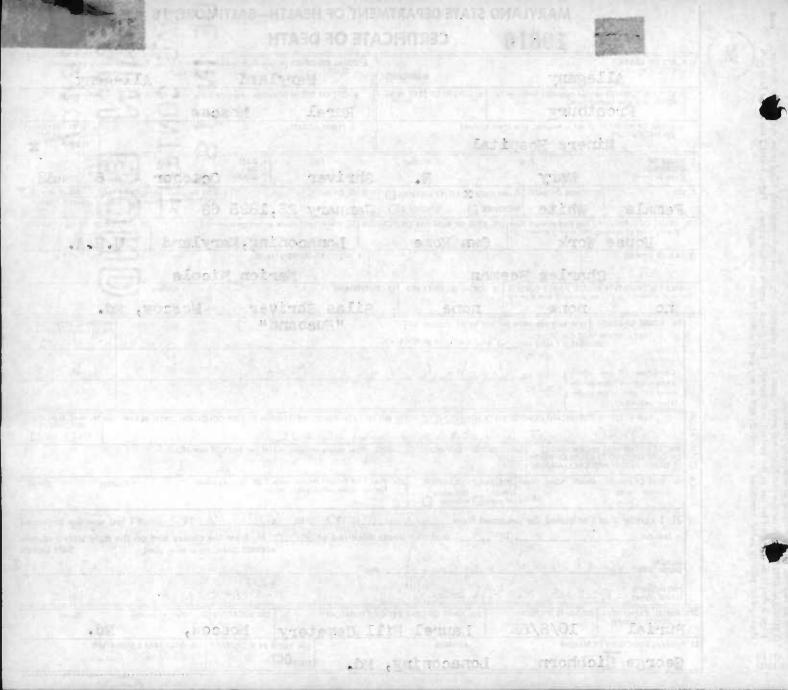
R: After this certificate has been signed by the attending physician and completely filled in by the ached for use as the burial transit permit. Then please remove corban papers. Pages 1 and 2 sho

cremation, or removal, and in any event within 72 hours after death

George Eichhorn

Lonaconing, Md.

DATEOCT



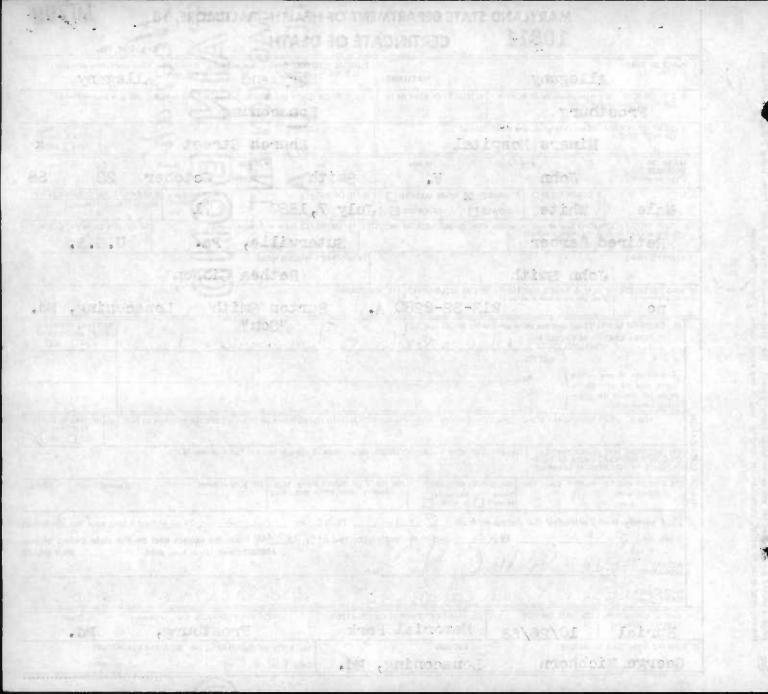
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10811

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceased live	ed. If institution b. COUNTY	Allege	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, v necyest town) B Wrg	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (outside corporate	limits, write RL	JRAL and give ne	arest town)
d. NAME OF HOSP OR INSTITUTION	Miners Ho		d. STREET ADDRESS	urch Str	eet		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John First	Middle V•	smith Lost	4. DATE OF DEATH	Octob	-	
s. sex Male	mark. A de .	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH July 7,188	37	GE (In years out birthdoy) yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (SIG		y) a.	1 2 1 1 1 1 1 1 1	F WHAT COUNTRY
13. FATHER'S NAME	John Smith		14. MOTHER'S MAIDEN	thea Gi	hean		
	ER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	INFORMANT	s wied Gi	Addr	ess	
(Yes, no, or unknown)	(If yes, give war ar dates of service	213-32-8280	A. Burto	on Smith	L	onaconi	ing, Md.
Conditions, if gove rise to couse (o), stoling lying couse lost PART II. O' PART II. O' 20a. ACCIDENT M OR CONTRIBUTIN (IF EITHER. NOTIF	immediate DUE TO	ONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TER	RMINAL DISEASE CO	NDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	in Port I or Port II o	f item 18.)		
20c. TIME OF INJU Hour a.m. p. m.		20d. INJURY OCCURRED While Not while of work 0 of work 1	LACE OF INJURY (Home, fo octory, street, office bldg.,	orm, 20f. (City or t	own)	(County)	(Stote)
21. I certify to alive on	Hat I attended the de	10	, 19 <u>56</u> , to h accurred at <u>973</u> M.D		city or town,	nd an the da	aw the deceased the stated above DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify Burial		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION		r county)	(Stote)
23. FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR	24b. REGIS	TRAR'S SIGNATU	
George	Eichhorn	Lonaconing	, Md. DATE	OCT 2 7 '58	Cir	Thun S. tha	ind.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10819

CERTIFICATE OF DEATH

10800

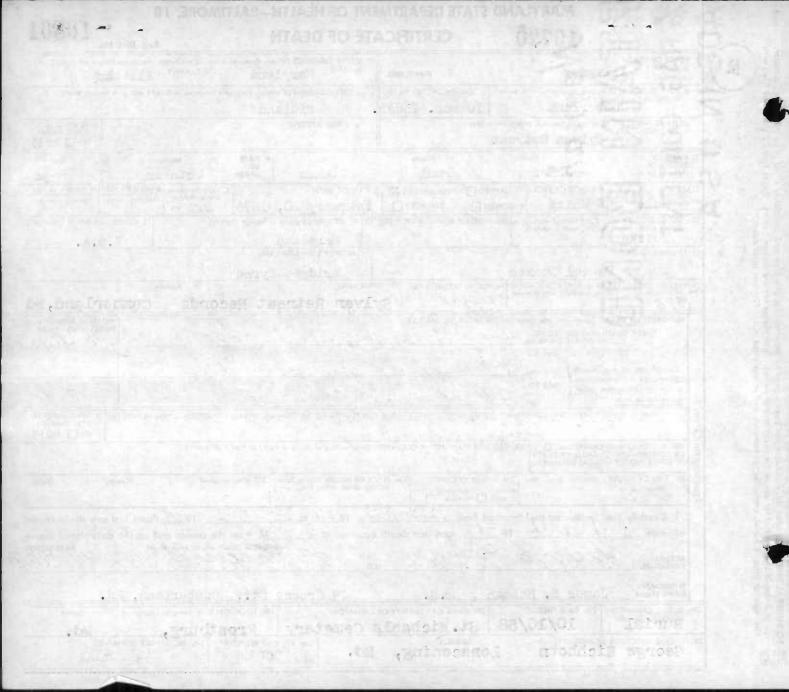
						Reg. Dist. N	0.	
a. COUNTY			2. USUAL RESIDENCE (WI	nere deceased	lived. If institution			ian)
	Allegany	MARYLAND	Maryl	and	B. COUNTY	Alleg	any	
b. CITY OR TOWN	N (If autside carporate timits, we e nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside carpora	ote limits, write RU	IRAL and give n	earest town)
	rt Mines. Md	Lifetime	X Eckhart	Mines	3			4.1
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospitol, give st IN	reet address)	d. STREET ADDRESS					FARM?
NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h (Day Y	l'eor
(Type or print)	Cecil	Haven	Snyder	DEATH	10	5	1	958
. \$EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9		IF UNDER 1 YEA	-	R 24 HRS
M	W WIE	OOWED DIVORCED	6-18-1910		last birthdoy) 48 yrs.	Manths Doys	Haurs	Min.
a. USUAL OCCUPA	ATION (Give kind of work done working life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	ar fareign cau	intry)	12. CITIZEN	OF WHAT	COUNTR
		Kelly Springf	ield Eckhar	t.Md.		U.S	.A.	
B. FATHER'S NAME			14. MOTHER'S MAIDEN N					
Stanle	ey Snyder		Lulu Por	ter				
	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess		
No.	(If yes, give war or dates of service) None	214-07-6936Mr	s. Elsie Sn	yder.	Eckhar	t. Mar	yland	1.
18. CAUSE OF I	DEATH [Enter anly one cause p	per line for (o), (b), and (c).]				IN	TERVAL BE	TWEEN
PART I. C	DEATH WAS CAUSED BY:	ormany	Accolina	1122		Or	2 AND	COLV
4201	DUE TO							
Canditians, if	f any, which) (b)							
gave rise la cause (a), slati	immediate DUE TO						10 F-1	
lying cause la								
PART II. (ONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS A	LUTOPSY
NA N							PERFO	RMED? NO ₩
PART II. (20a. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOTI	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in I	Part I ar Part I	II af item 1B.)			
	IFY MEDICAL EXAMINER)							
20c. TIME OF INI Haur a. r			PLACE OF INJURY (Home, form actory, street, affice bldg., etc.	20f. (City c	or tawn)	(Count)	/)	(Stote)
p. r	10	/hile Nat while wark at wark	1					
21. I certify	that I attended the dec	ceased from 10-5	. 1958, to	10-5	1058	that I last	saw the	deceas
alive an	10-5	50	th accurred at 4145	M fram	the causes or			
	7/6	0			et, city ar lown, s			TE SIGN
ACTUAL	M.C.X	Tuelel	MD 39 W	1 m	ein .	ST	10	17
	1/001	1135	~ J	1.	1	~7	0	
PHYSICIAN'S NAME (Type)	HICIDI	etil MID	· tra	216	ung.	Mid	(
2a. BURIAL, CREMA		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, town, ar	caunly)	(Stote	1
Burial	10-8-58	Zion Memoria	1 Park		erland.		Md.	
	OR'S SIGNATURE Hafe			D BY REGISTR		TRAR'S SIGNAT		-
Julih H.	Writesut 23 E	. Main. Frost		1 4 '58	Call	1 & Henry		
- VV	, 20 T	· mailie TIODO	Transfer 6 3 Transfer 6	. 1 00	Count	1 D. Male	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be decached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 maurs after death. VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	may be retained by the haspital ar attending physician. TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by the genal direct page 3 shauld be delached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be the filled the registrar priar to burial, crematian, ar remaval, and in any event within 72 hadrs after death.	
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VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10791 CERTIFICATE OF DEATH

		1079	1	CERT	IFICA	ATE OF D	DEATH		IIMORE, I	Reg. Dis		302	
1,	PLACE OF DEATH COUNTY Allegan	ıv		MAI	YLAND	2. USUAL RESIG	DENCE (Whe		l lived. If instituti b. COUNTY		ce before d)
	b. CITY OR TOWN (III RURAL ond give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF STA		100	town (If ou		rote limits, write R	URAL ond g	give neares	t town)	
		AL (If not in hospital, g egreen Te		address)	1.2	d. STREET A	DDRESS		Terrace			S RESIDE	ARM?
	NAME OF DECEASED (Type or print)	fin LEI	st	Midd H.		TOTLER		4. DATE OF DEATH	Mon Oct	_	Day	Yeo	58
S.	Male	6. COLOR OR RACE White	7. MARR	DIVORC		B. DATE OF BIRTH	н .1884		9. AGE (In years lost birthdoy) 73 yrs.	Months Months	1 YEAR 1F Days H	UNDER :	24 HRS. Min.
E	during most of work	N (Give kind of work of ing life, even if retired) Operator		KIND OF BUSINESS OMM. Bld		STRY 11. BIRTHPL	W	. Va.			USA	VHAT CO	OUNTRY?
	Levi H	. Stotle			- 1	I	Hanna						
15. (Ye		R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY N	12 /	ruce H	. Sto	tler	, Cumbe		d, M	i.	
		nmediate (Ar	terioscl		cic Hear	rt Di	sease	е		INTERV OLICET	AL BETW	EEN
MEDICAL CERTIFICATION		ER SIGNIFICANT CON EM S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	phys							EN IN PART	- F	WAS AUPERFORM	ED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yeo	While	NURY OCCURRED Not while of work	20e. PL	ACE OF INJURY fi clory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)	(0	County)	XX	(Stote)
	actual signature	eysh.		, and the		occurred at.	2:45	DDRESS (SH	the causes of th		ne date	stated	
22c		N, 22b. DATE THEREO		22c. NAME OF CE	METERY O			22d. LOCAT	ION (City, town,	2	7	(Stote)	
23.	FUNERAL DIRECTOR'S Byron K	SIGNATURE		ADDRESS	Md.	Durial	24a. REC'D	BY REGISTI		STRAR'S SIC			

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10803

10792			Reg	. Dist. No.
o. COUNTY alley any	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE MENY)	deceased lived. If institution; Robb. COUNTY	esidence before odmission)
b. CITY OR TOWN (If authors corporate limit, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guiside	e corporate limits, write RURAL	and give rearest toyn)
d. NAME OF HOSPITAL OR INSTITUTION (Illenot in hos Memorial Hosp	pital, give street oddress)	d. STREET ADDRESS B	elford SI	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James	Middle St	tratton 4. DA	Month ATH Oct.	Doy Year 13 1958
Male 6. COLOR OR RACE 7. MARRIE WIDOWEL	ED NEVER MARRIED 8.	DATE OF BIRTH		DER TYEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done 10b. K pering most of working life, every if refred) The Court of working life, every if refred The Court of the	IND OF BUSINESS OR INDUST	11. BRTHPLACE (State or fore	Lef Ohio 12.	CITIZEN OF WHAT COUNTRY U.S. H.
James Dr. Str.	atton	14. MOTHER'S MATORYNAME	Thompse	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, and or unknown) If yes, give war or doles of survice)	SOCIAL SECURITY NO. 17, IN	man Chyde	Stratton Man	while Ohi
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: HOTE HOTE LAST / X DUE TO	for (o), (b), ond (c).] nothorax, rig	ght		interval between onset and death 24 hrs.
	ssecting Aneu ruptu	arysm of aort	a, with	24 hrs.
PART II, OTHER SIGNIFICANT CONDITIONS CO	DITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO
	HOW INJURY OCCURRED. (E)	nter noture of injury in Part 1 or P	ort II of item 18.)	
Hour o. m. While		E OF INJURY (Home, form, 20f., street, office bldg., etc.)	(City or town)	(County) (Stote)
21. I certify that I took charge of the ropinion death resulted from: Natural c			ALAN TO THE REAL PROPERTY OF THE PERTY OF TH	uiry 📉, ond in my
ACTUAL Genedict	ketarelie	M.D. CHIEF MEDICAL EXAMINE		DATE SIGNED
EXAMINER'S NAME (Type) Benedict Skits		DEPUTY MEDICAL EXAMIN	VER DIX Octobe	
220. BURIAL, CREMATION, 22b. DATE THEREOF	Pase Hill	mascreum (OCATION (City, town, or count	m &
23. FUNEAU DIRECTOR'S SIGNATURE	ADDRESS M	DATEST 1 6		

terminate in the period with the same CHARLES AND STORY OF THE LAMB OF THE STORY O

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I	U	8	U	4	

	10793						Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY Allegan	V		MARYLAND	O. STATE _	NCE (Where dece	based lived. If insti b. COUN	TY _	erset	nission)
b. CITY OR TOWN I	If outside corporate fimits, write I	RURAL C. LI	ENGTH OF STAY IN 16			orporate limits, writ			own)
Cumber		CAN IS	6 Months.	R.D.	Berlin	Pe	75 x	- 3	
d. NAME OF HOSPI	tal or institution (if		give street address)	d. STREET ADD	RESS			10	RESIDENCE N A FARM?
3. NAME OF	First	LUCAL DOS	Middle	Last	4. DATE	Mon	th	Doy	Yeor
(Type or print)	Elizabeth	C		Stuck	DEATI	H Oat show	20		19 58
5. SEX		MARRIED		DATE OF BIRTH		9. AGE In years	IFUNDER 1		DER 24 HRS
767		WIDOWED	DIVORCED [7]	Sept.4. 1	876	lost birthdoy) 82 yrs.		ays Hours	Min.
100. USUAL OCCUPATI	ION (Give kind of work do	- 44			(State or foreign			EN OF WHAT	I COUNTRY
during most of worki	ing life, even if retired)								COOM
Housev	ATTE		H) ch a)		rset Co.	Pa	U	IA	
				14. MOTHER'S MAI	DEN NAME				
	iam H. Miller			Anna	Croner				
15. WAS DECEASED EV	VER IN U.S. ARMED FORCE I III yes, give wor or doles of ser		AL SECURITY NO. 17. N	NFORMANT		Addres	6		
No			Mrs	Lynn Wal	ker, 229	Pear St	Cumbe	erland.	Md.
18. CAUSE OF DEA	ATH [Enter only one cause	per line for (o)						INTERVAL BETY	WEEN
PART I. DEA	TH WAS CAUSED BY:	Cere	ebral Thromb	nais				6 hr	
422.1	IMMEDIATE CAUSE (o)	0010	JULUA THE OME	700.20				O III	0.
Conditions, if	DUE TO	And .	erioscleroti	a Cambian		44		0	
gave rise to imme	ediole couse	WILDE	1LTOSCTALO01	G Cardiov	ascular	orsease		8 yr	8.
(o), stoting the									
couse lost.) (c)								
PART II, OT	HER SIGNIFICANT CONDI	TIONS CONTRIB	JUTING TO DEATH BUT N	NOT RELATED TO THE	TERMINAL DISEA	ASE CONDITION G	VEN IN PART		ORMED?
200. EXTERNAL CA	USE WAS 20b.	DESCRIBE HOW	V INJURY OCCURRED. (E	inter noture of injury	in Part 1 or Part	II of item 18.)			
3 20c. TIME OF INJU	JRY Month, Doy, Year	20d. INJUR	Y OCCURRED 20e. PLA	CE OF INJURY (Home	, form, 120f. (C	ity or town)	(Coun	ity)	(Stote)
20c. TIME OF INJU		While of work	1401 Millio	ory, street, office bld	g., etc.)				
				1 1 1 A				-	
	hot I took charge		MR.	ve, held on Au	topsy [],	Inspection K	, Inquiry	A, 01	nd in my
opinion deoth	resulted from: No	otural couse	es 🔼, Accident [, Suicide [], Homicid	le 🔲, Undet	ermined m	onner 🔲	
	2	1 (/1)	1, _ ,						
ACTUAL	Tenedick	Ski	tarelia)	M.D. CHIEF MEDI	CAL EXAMINER	3		DATE	SIGNED
70				ASSISTANT A	MEDICAL EXAMIN	NER []			
EXAMINER'S NAME (Type)	Benedict Ski	itarelic	a. M.D.	DEPUTY MED	ICAL EXAMINER	TO Octobe	er, 29,	1058	
	ON, 226. DATE THEREOF		NAME OF CEMETERY OR			ATION (City, town,		(Sta	ite)
Burial	10-31-5	8	I.O.O.F.			Berlin,	Pa.		
23. FUNERAL DIRECTO			ADDRESS	240	. REC'D BY REGI	STRAR 24b. REG	ISTRAR'S SIGN	NATURE	
Ha L	the same	P	Berlin. Pa	DA	IBCT 3.1 '5	58 00	Chur & H	10UA	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct a should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remard, and in any event. Within 72 hours after death. VS. A15ME 5M 2/57

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MARTINED STATE DEFARTMENT OF HEALTH SALEMORE, TO

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MADYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. ed. If institution: Residence before admission)

Allegany limits, write RURAL and give nearest town)

b. COUNTY

		MAKILANI	JIAIE DEPARTI	IEIVI OF HEALIN-B	ALIII	
32	1	0820	CERTIFIC	ATE OF DEATH		
director, filed with	1. PLACE OF DEATH o. COUNTY Allegany		MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Mary lan		
d be	b. CITY OR TOWN (If outside co RURAL ond give neorest town) Old town, M		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		
by the day she	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Wagoner Road			d. STREET ADDRESS Wagoner Roa		
filled in	3. NAME OF DECEASED (Type or print)			essler 4. b.		
campletely appers. Pagath.	S. SEX 6. COLOR Whi		RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 2,1873	9.	
nd camp n paper death.	10a. USUAL OCCUPATION (Give kinduring most of working life, ever Retired Saw	nd of work done 10b.	kind of Business or Indu			
sicion or rrs offer	13. FATHER'S NAME William	Tressler		Catherine	Tr	
e remay		or or dates at service)		NFORMANT John H. Tressl	er,	

Myocarditis Chronic

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.

20d. INJURY OCCURRED

Not while of work of work

ADDRESS

While

21. I certify that I affertied the deceased from - July 158. 19

I. Armstrong.

James F. Scarpelli, Cumberland, Md.

Arteriosclerosis General

22c. NAME OF CEMETERY OR CREMATORY

Oldtown M.E. Cemetery

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Po

20e. PLACE OF INJURY (Home, form,

, and that death accurred at I = I5 A.M., from

factory, street, office bldg., etc.

ADDRESS

22d. LOC

24a. REC'D BY REGI DATE OCT

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Day, Year

PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Conditions, if ony, which gove rise to immediate

couse (o), stoting the underlying couse lost.

20c. TIME OF INJURY

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Hour o. m.

p. m

alive on July '58

220. BURIAL, CREMATION, 22b. DATE THEREOF

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month.

CERTIFICATION

MEDICAL

oad				e. IS RES ON / YES		
	Mon	th	D	ау	Yeor	
Н	00	t.	2		19	58
9. AGI	E (In years birthdoy)	IF UNDER				
85	yrs.	Months	Doys	Hours	M	in.
country)		12. CITI	ZEN	OF WHAT	COU	NTRY:
7, F	a.	J	JS#	1		
	utma:	ess		353		
c, J	r.,0	ldtov	m,	Md	•	
			ON	ERVAL BE	DEAT	H
			10	-20 1	rs	
SE CON	DITION GIV	EN IN PART	1(0)	19. WAS PERFC YES [RMED	3_
ort II of it	lem 18.)			Sold		
ty or tow	n)	(Ce	ounty)		(Si	ofe)
	, 19	,that I la	ast s	aw the	dece	ased
		nd an the	e do			
	ty or town,	stote)			ATE SI	
Va.				IO-I-	-08	
TION 10						
	ity, town, o	-		(Stot	e)	
dtov TRAR		d.	LATI	nE .		
58		TRAR'S SIGN	Ka	uA		

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requires that the death certificate be executed within 24 haurs after death. Page

stached prior to burial,

TO FUNERAL DIR page 3 shauld the registrar VS A15 (4) 15M 10/57

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DR. DOERNER 10794

Reg. Dist. No.

10806

be filed with)	1. P	LACE OF DEATH	LEGANY		MAI	RYLAND	o. STATE	YAAND	ere decease	d lived. If inst b. COUI	UTY	dence befor	• admissi	on)
d be	ı,	b		f outside carporate lim	its, write c.	LENGTH OF STA			TOWN (IF as	utside corpo	Prote limits, wri	te RURAL a	nd give nea	rest fown	
714	60	c	OR INSTITUTION	AL HOSPITA			NUE	d. STREET	ADDRESS HILL S	т.					DENCE FARM? NO
- = 6		0	IAME OF ECEASED Type or print)	Fii GE	ORGE	Midd	le	TRU		4. DATE OF DEATH		Month OCTOBE	R 6		958
		5. S	EX IALE			NEVER MARI		B. DATE OF BIRT			9, AGE (In yellost by hold		DER 1 YEAR		
AL A STORY			USUAL OCCUPATION	DN (Give kind af work king life, even if retired	h	of Business 1 Mines		TRY 11. BIRTHP			country)	12.	CITIZEN O	S.A.	
		13. 1	ATHER'S NAME					14. MOTHER	S MAIDEN N	AME					
physician and remove carbon 2 hour after d	1		WILLIAM		ceen las an			MAR	GARET	GRAHA		Address			
ottending physicion of please remove cor within 72 hour off			no, or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of	and the same	3-09-65		MEMOR I A	L HOSF	PITAL-			NUE		
the attend Then pleas vent withir				ATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (C DUE TO	Acut			d Infa	retic	on	Me III		ONS	ET AND	DEATH
signed by it permit.			Conditions, if c gove rise to i cause (a), stoting lying couse lost.	mmediate (/	rioscle Disease	-	c and	Нурез	rtens	sive H	eart	Ye	ars	
physicia las been lial-trans	0	CATION	PART II. OT		the A	otributing to d			O THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN	PART 1(0) 1	PERFO	NO TO
ficate h	ß		200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURRE). (Enter noture	of injury in P	Port I or Pa	rt II of item 1B.)			
his certi r use as emation,		MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Day, Ye	While	Not while of work	20e. PL/ foc	ACE OF INJURY tory, street, office	(Home, form, ce bldg., etc.	20f. (Cit	y or tawn)		(County)		(Stote)
retained by the haspite RAL DISCOR: After to should be detached for stror prior to buriol, cr.	1		21. I certify the alive on OC actual signature PHYSICIAN'S NAME (Type)	nat I attended the tober 6th	1, 1958	engle	at death	occurred of	nguir	ADDRESS (S	m the cause Street, city or to	es and as	n the dat	e state	
TO FUNERA page 3 sh the regist		22a	BURIAL, CREMATIC	ON, 226. DATE THERE	OF 2	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCA	TION (City, to	wn, or coun	ty)	(Stote	1
D FUN Page the re		00	Burial	110-9/58		ostburg					stburg		CICA	Md	•
⊬ √S A15 (4)	0	17	oulsh H. W	11		FUNERAL			DATE O	T 1 4	58 24b. R	arilus	SIGNATUR	a.A.	

TO HOSPITAL OR may be retained TO FUNERAL DIF

executed within 24 hours after death; Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be

CARTAL AND THE STATE OF THE STA Service of the same of the same SHEWA SHE MARKET BUT SHEET Holderstall fall me power which there makes and make the company of the transfer of , description and the second Wildenberg and, herstend.

VS A15 (4) 15M 10/57

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10705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist.	No

10807

				Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If	institution: Residence	before admission)
Allegany	MARYLAND	l'arv1			Panv
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			
Cumberland	11 hours	X Ta Val	a m	e.	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	spital	96 La V	ale Blvd		YES NO
3. NAME OF First DECEASED (Type or print) Tda	Middle	Lost	4. DATE OF DEATH	Month	Day Year
108	Mae	Valentine		Oct 2	1958
Female White WIDOWE	DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (Ir lost birt	1 1 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OF INDIA		or foreign country)		EN OF WHAT COUNTRY
during most of working life, even it refired)	and or bosiness of	JIV. BIKTITI DAGE (SIGIE	or roreign country)	12. 0112	LIN OF WHAT COUNTRY
Jonestic Worker. H	ausework	Marvl	and	11	S A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Albert George		Ber	the C	ce_	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 17es. (17 yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
70 - 3	14-05-7073	Pt. 's chart			
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]	1/ 1	1.0.		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	m 000 4: 10	Hear	tarleer	e	ONSET AND DEATH
IMMEDIATE CAUSE (a)	A COLVE	1			//-
420,1 DUE TO		7/11/	1) 0-00-	0	1110
Conditions, if any, which) (b)	elopiales	/ that			1916.
gave rise to immediate	1/	4			-
couse (a), stating the under-	necemon	la _			dea.
lying couso lost. (c)	, , ,				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY
1499 none					PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE) (Enter nature of injury in E	Part Las Part II of Stam	10 1	1 113 11 110 12
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	none	o. (Enter nature or injury in r	orrior rair ii or iieiii	10.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN While p. m. 19	JURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	20f. (City or town)	ICo.	unty) (State)
Hour o. men 19 While	Not while for	clory, street, office bldg., etc.	4	100	(0.0.0)
p. m. 19 of work	ol work	1 -7.	in col	1	
21. I certify that I ottended the decease	ed from et	10 to	44-	d that I la	ist saw the decease
1. 1004 94	7		e/pio		
olive ob	,,, and that death	occurred at	14W, from the co	uses and on the	dote stated above
	b. k		ADDRESS (Street, city o	Jown, slate)	DATE SIGNE
SIGNATURE / / action C	en M	40 / HO Dea	Local A		10/15/5
SIGNATURE		M.D. /	-f/		
PHYSICIAN'S NAME (Type) Dr. I D. Halling	n	110 Radf	ord Street	. Cembe	sland, ma
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City.	town or county)	(State)
BMOVAL (Specify 19/27/58	Mt Hemon	Cem.	Cumber	land	ma
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	D BY REGISTRAR 246	. REGISTRAR'S SIGN	
Janes Steinsme	(uml-	DATE OC	2 7 '58	Onthur S. M	Craus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10010

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	10012	CERTIFICA	AIE OF DEAIR		Reg. Dist. No	o.
1.	PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.	nere deceased lived. If institut b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Westernport	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	outside corporate limits, write	RURAL and give no	earest town)
	d. NAME OF HOSPITAL (If not in hospital, give stree or INSTITUTION Md. Ave.	et oddress)	d. STREET ADDRESS 217 Md. Ave.			e. IS RESIDENCE ON A FARM? YES NO
		Florence Van	Pelt	4. DATE Mo OF DEATH Oct.	onth D 27	Yeor 1958
	Female White www	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 15, 1868		Months Days	R IF UNDER 24 HRS. Hours Min.
	o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Domestic	Own Home	W. Va.		U.S.a	OF WHAT COUNTRY
	James Saville		Not known	NAME		
JYe	WAS DECEASED EVER IN U. S. ARMED FORCES? 1 11. no. or unknown) (If yes, give wor or dates of service)		informant Elmer Van Pelt	-Westernport,	Md.	
	IB. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), slating the under lying cause last. [b] DUE TO DUE TO [c]	egoner of con	. / " " " " "	as Rheuncti	1011	TERVAL BETWEEN
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION				VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Vone				
MEDICAL	Hour o. m. Whi		ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceased from October 2, 1958, to October 27, 1958, that I last saw the alive on October 26, 1958, and that death occurred at 100 A. M. from the causes and an the date st ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE GUILD R. W. ISON U.D PHYSICIAN'S PAUR R. W. ISON U.D						
220	BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 1029/58	20c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town. Westernport		(Stote) Md.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Westernport. M	240. REC'I	D BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATU	JRE

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or ottending physician.

O FUNERAL DIRE OR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be astached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer death. TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

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	1. PLACE OF DEATH a. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
91	OR INSTITUTION Allegany County Infirma	
	3. NAME OF First Middle (Type or print) Annie C.	Walker 4. DATE Month Day Year Of DEATH October 29, 1958
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years least birthday) Nanths Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House	West Virginia 12. CITIZEN OF WHAT COUNTRY U. S. A.
I	Phillip H. Snarr	14 MOTHER'S MAIDEN NAME Elizabeth Keller
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give wor or dales of service) NONE	Allegany County Infirmary Records
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Memory Humatasia Interval Between ONSET AND GEATH
	Conditions if any which	nia harantiti ?
	gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO Colored (c) Colored (d)	eral aktivo ochrosio. 3
0	3 Seulle detre	DI NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?; YES NO P
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature af injury in Part I ar Parl II af item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of wark of wark	PLACE OF INJURY (Hame, farm. 20f. (City ar tawn) (Caunty) (State) actary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 12/11/1 alive on 10/28/58	7, to 10/29/58 , 19, that I last saw the decease th accurred at 7:15AM, from the causes and an the date stated above
	ACTUAL Jacues & Malea	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNE 10/29/58
1	PHYSICIAN'S Dr. James E. McLean	Cumberland, Md.
	22c. NAME OF CEMETERY REMOVAL (Specify) 10V 1 1950 at Olivet	OR CREMATORY 22d. LOCATION (City, town, or county) (State) ROCK Oak, Va.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained TO FUNERAL DIRE

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0821 Lem 9 FilmG234 10-17-58 et CERTIFICATE OF DEATH

10821

Reg. Dist. No.

PLACE OF DEATH O. COUNTY		44.47	YLAND 2	USUAL RESIDENCE (WH		If institution: Reside	7		on)
Allegany				Maryland		Al	Lega	-	
 b. CITY OR TOWN (If autside corp RURAL and give nearest town) 	orate limits, write	c. LENGTH OF STA	YINIB	c. CITY OR TOWN (If o	utside corporate limi	ts, write RURAL and	give neare	est town)	
Rural Cumber	land	15 year	rs)	Rural	Cumberla	and			
d. NAME OF HOSPITAL (If not in I	nospital, give street	address)	/	d. STREET ADDRESS				IS RESID	DENCE FARM?
Route 2. Brea	kneck R	oad		Route 2,	Breakn	eck Road		YES 💢	NO 🗌
3. NAME OF DECEASED	First	Middl		Last	4. DATE OF	Month	Day		ear
(Type or print) FRED			WANDL.		DEATH OC				9 58
S. SEX 6. COLOR C	OR RACE 7. MARR	RIED MEVER MARE	RIED B. I	DATE OF BIRTH	9. AGE	(In years IF UNDE	R 1 YEAR 11	Hours	Min.
Male Whit	e WIDOWI	ED DIVORC	ED D	ec.15,1902	2 72 81	6 yrs.	0075	Hours	win.
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. C	ITIZEN OF	WHAT (COUNTRY
Laborer	ii renirea)	Various		Virg	ginia		US	A	
13. FATHER'S NAME				4. MOTHER'S MAIDEN N	IAME				-
Steven Wand	less			Ada Le	ee Vess				
15. WAS DECEASED EVER IN U. S. AR		SOCIAL SECURITY N	O. 17. INFO		30 1022	Address	-		
2.2	or dates of service)	0 - 7 0 - 1	1	nna M. War	ndloss (Cumberla	nd	Md.	
NO	12			ma m. war	mress,	Jump et Ta	1100,	TATCE .	
PART I. DEATH WAS CAU	SED BY:	mph	osa	reoma	Left Ce	ruien		LAND I	
200.1	DUE TO	- 4		+ 0			-		- /
Canditions, if any, which	(b)/	relast	orchi	h lu	go.		3	m	nch
catse (o), stoting the under-	DUE TO				0				
lying cause lost.	(c)								
PART II. OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PA	RT 1(o) 19.	WAS A	UTOPSY
SA							,		NO T
PART II. OTHER SIGNIFICATION 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAMPLE)	IG DESC	CRIBE HOW INJURY	OCCURRED. (Enter nature of injury in f	Part I or Part II of ite	em 18.)		- N	425
	MINER)								
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. If While at work	NURY OCCURRED Not while at work		OF INJURY (Home, farm r, street, office bldg., etc.)	(County)	N	(Stote)
21. I certify that I attend	ded the deceas	ed from 9 -	2	, 195 8, to	10-11	10 58 that 1	last say	v the c	lacagea
alive an 10-10	10	_	t dooth o	curred at 4 A					
unve un		20, und mo	i dealii di		ADDRESS (Street, city				
ACTUAL S A	10 le un	x 1 h may 0		1211.0	a V I	0	0	10	2 SIGNE
SIGNATURE 1	M ICA	October	M.D	144000	and h	, Cuma	-	4-1	24
PHYSICIAN'S NAME (Type) R. Rhe	ett Rathb	one M. D.							
220. BURIAL, CREMATION, 22b. DAT REMOVAL (Specify) Oct	2 4 2040	Zion Me		REMATORY al Cemeter	y Cumbe		Lid.	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			-	24b. REGISTRAR'S SI	GNATURE		
Byron Kight	Cumber	land, Mo	i.	DATOCT	4 5 150	arthur S.			

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10822

CERTIFICATE OF DEATH

10812 Reg. Dist. No.

1. PLACE C	OF DEATH	egany		MARYL	AND	2. USUAL o. STAT	RESIDENCE (W	here deceased	lived. If institut b. COUNTY				ion)
b. CITY RURA Rura	OR TOWN (IF	outside corporate limi ernport	ts, write	c. LENGTH OF STAY I	N 1b		or town (If		ote limits, write f	URAL ond	give nec	arest town)
d. NAM OR IN	E OF HOSPITA	Mesternpor	jive street t	oddress)			.D.1 We	sternpo	ort				DENCE FARM? NO
3. NAME C DECEASI (Type or	ED	innie	May	Middle	Wa	tson	Lost	4. DATE OF DEATH	Oct.		Do		Yeor 19 5 6
5. SEX Fema	le	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIE		B. DATE OF	BIRTH 4.1876	1	AGE (In years last highday)	Months Months	1 YEAR Days		
10a. USUAL during Dome	OCCUPATIO	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OF	NDUS	TRY 11. BIS	THPLACE (Stote	or foreign co			IZEN C		COUNTRY
13. FATHER	'S NAME		1			14. MOTH	ER'S MAIDEN	NAME					
Char	les Da	wson				Ell	en Arno	1d					
15. WAS DE		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. #	NFORMANT			Add	ress			
(Yes, no, or ur		f yes, give war or dates of s	ervice)		He	rbert	Harshb	arger-	kron, 0	hio.			
/5 Cond gove	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate	, la	ine for (o), (b), and (c).]	Ta	rci	non	\d\			ONS	2 W	DEATH C.
OR CO (IF EITH	Arte	ER SIGNIFICANT CON	ery	CONTRIBUTING TO DEA						EN IN PART	1 (o) 1	PERFO	NO (L)
₹ 20c. TIM	NTRIBUTING IER, NOTIFY A AE OF INJURY Iour o.m. p. m.	MEDICAL EXAMINER)	or 20d. I	NJURY OCCURRED 2	20e. PLA	CE OF INJU	IRY (Home, forn office bldg., etc	n, 20f. (City o		(0	County)		(Stote)
	On Oct	at I attended the ruber 29		Reesley	beath	occurred	57, 100x ath 37,	CM, from ADDRESS (Street	29, 195 the causes content, city or town, 29-	and on th	ast some da	te state	decease ed above TE SIGNE
220. BURIAL REMOV Buria	., CREMATION /AL (Specify) .1	11/1/58	F	Philos	TERY OF	CREMATO	RY		ON (City, lown, ernport	or county)	1	(Stote	•)
23. FUNERA	L DIRECTOR'S	SIGNATURE	We	ADDRESS sternport, 1	Md.		24a. REG	P BY REGISTR	AR 24b. REGI	hun &	MATUR	Partie.	

CERTIFICATE OF DEATH	
TOWNSHIP THE PARTY OF THE PARTY.	
and argent	
	ner or office a size of
	A STATE OF THE STA

CERTIFICATE OF DEATH

10813

	Reg. Dist. No.
D. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autoide carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give process (swin)
b. CITY OR TOWN (If autrice corporate limits, write RUBAL and give rearest fown)	2 Combeller Son Q.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 17 Putmen Place:	d. STREET ADDRESS On A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Add Rell	Held: 4. DATE Manth Day Year OF DEATH Cot 14 1958
5. SEX 6. CQLOR, OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years tost birthday) 4. Age (In years tost birthday) 7. Age (In years tost birthday) 8. DATE OF BIRTH 9. AGE (In years tost birthday) 9. AGE (In years tost birthday) 9. AGE (In years tost birthday)
Ob. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Eddy	margared Calbert
5. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes a grunnhown] (If yes, give wor or doles of service) [16. SOCIAL SECURITY NO. 17.	no. Panny Oster. Cumb. M. &
18. CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c).]	INTERVAL BETWEEN A
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ma of The Stille Ville
191.3 DUE TO	· · · · · · · · · · · · · · · · · · ·
Canditians, if any, which) (b)	
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture af injury in Part I ar Part II af item 18.)
	LACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) sclory, street, office bldg., etc.)
Maur a. m. 19 While Not while of work 19	COM
21. I certifyer har very greated the deceased from 100/	1), 15/, 16/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
alive on Colored 14, 1920, and that death	
I and will	ADDRESS (Street, city or town, state)
SIGNATURE TO STANDARD	MO X almost clack - Ma.
PHYSICIAN'S F.F.B.VO J.G.W. W.	Juportant 19/
220. PURIAL, CREMATION, 22b. DATE THEREOF REMOVAL-(Specify) 10/16/58 Rose Nice	OR CREMATORY 22d. LOCATION (City, town, or county) & (State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
games Allen Inc. (umb.	M & DARCT 1 6 '58 arilun S. Kraus

VS A15 (4) 15M 9/55

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		36. 10 10 10 10		
			The second second	

FOR STATE HEALTH DEPT

files. Health, necessory, please M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neces execute the certain, withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral directand a should be factor to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Boar ar its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10799 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10814

10100				Reg. Dist. 140.
PLACE OF DEATH O. COUNTALLOGANY	MARYLAND	o. STATE Ohio		on: Residence before admission) Mahoning
b. CITY OR TOWN (If autside corporate limits, write BUBAL and give necrest fown) Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Canfield	outside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Memorial Hospital (I	DOA)	R.D. #	3 Tippecanoe	Rd . YES □ NO
3. NAME OF DECEASED (Type or print) Loola War	ner Wh	ite.	4. DATE Month OF DEATH OCt.	17 Pegr 19 58
5. SEX 6. COLOR OR RACE WIDOWED WIDOWED			lost highlydaut	IF UNDER 1YEAR IF UNDER 24 IARS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired) Home	ND OF BUSINESS OR INDUSTR		w.Va.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
George P. Warner		Carrie We	ells	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S(Yex, no. or unknown) (If yex, give war or dates of service)		formant len Warner	, Keyser,	W.Va.
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CON	Coronary Sc		NALDISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH.	HOW INJURY OCCURRED. (Ed	nter nature of injury in Parl	1 or Part II al ilem 18.)	YES NO
Hour o. m. While	Not while all work 20e. PLAC	E OF INJURY (Home, farm, rry, street, office bldg., etc.)	20f. (City or fown)	(County) (State)
21. I certify that I taak charge of the reapinion death resulted from: Natural consideration of the second of the	tarelie		AMINER	Inquiry A, and in my mined manner DATE SIGNED 17, 1958
226. BUNIAL CREMATION, 22b. DATE THEREOF 20/20/58	Zc. NAME OF CEMETERY OR Terra Alta	CREMATORY	22d. LOCATION (City, town, or Terra Alta,	county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Blomastern K.	ADDRESS eyser, W. V	240. REC'D DATE OC		FRAR'S SIGNATURE

TOTOS AT DICAL EXAMINER'S CERTIFICATE OF DEATH 300 to 0 310 % I _.dr. _tooysu . all of the contract to the contract of the c no han feet average to Some Barred of the of the service of the service of